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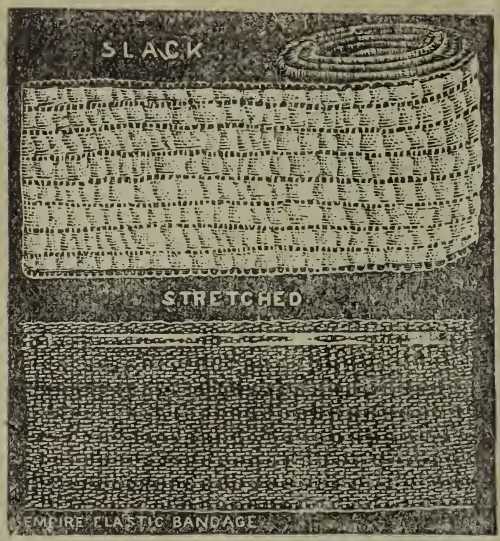


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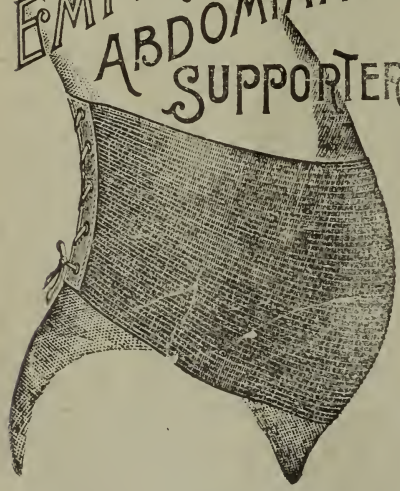

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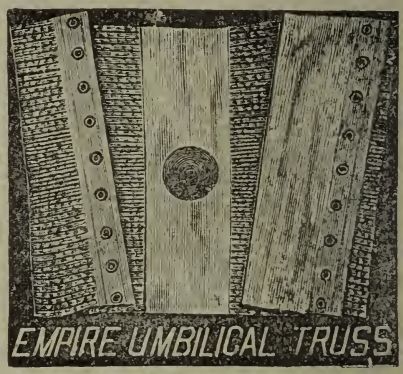


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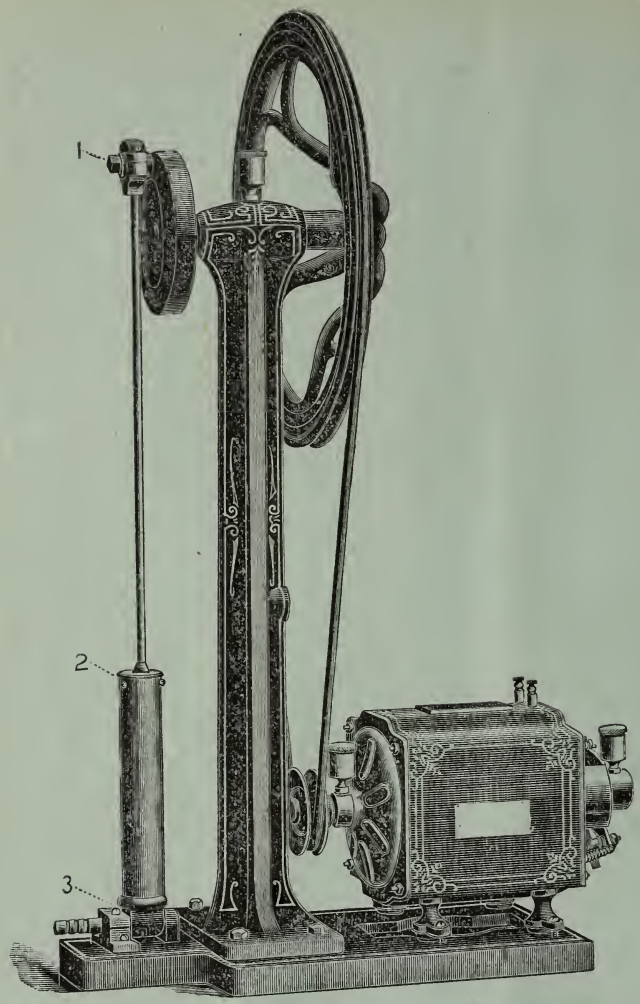


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A MONTHLY JOURNAL OF MEDICINE AND SURGERY . . . FOR THE WHOLE PROFESSION

Volume III. OCTOBER, 1900. Number 10.

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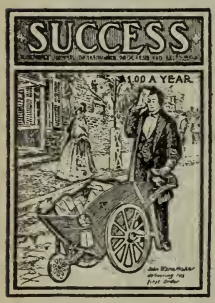

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VOL. III. JANESVILLE, WISCONSIN, JANUARY, 1900. NO. 1.

## ORIGINAL ARTICLES.

### ANEMIA.

By M. D. Martin, M. D., Paxton, Neb.

How often does the physician meet the anemic individual in his daily rounds! The condition of lack of quantity, or of a good quality of red blood corpuscles is seen in the patient who has suffered from hemorrhage, who has met with accidents, from which he has never fully recovered, or who suffers with some other causative pathological condition.

The wan face, the colorless lips, the ashy colored finger nails, appeal to the physician for relief. How many times does the physician fail of doing his full duty in these cases! After an acute attack of disease, the patient is dismissed before his vascular system has been restored to its normal condition again, that is, having the normal amount of blood replaced, and having the normal amount of red blood corpuscles replenished, indicated by red lips, good rosy colored cheeks, pink skin and finger nails.

The causes of anemia are very numerous but may be included generally in all debilitating influences, some of the most prominent being hemorrhage, all acute attacks of disease, lack of sunshine and fresh air, bad habits which check appetite and prevent a normal amount of food being taken and assimilated, using tobacco, liquor, tea and coffee, grief, an evil conscience, misfortune in business, over-study, morphine habit, cocaine, malaria and all toxaemia of whatever name or nature. Indigestion is often a cause by preventing a sufficient amount of food being taken to keep the body at par. Bleeding piles soon produce an anemic condition. There are many other causes too numerous to mention.

The anemic condition is very common and very much neglected. This condition is the most encouraging for disease germs imaginable, and invites the approach of most any prevalent disease; also this condition of system predisposes to the severer types of disease when the patient is attacked, owing to the reduced power of the system to resist disease. What physician is not familiar with the fact of some poor anemic individual in a neighborhood, having an attack of nearly every disease prevalent, whereas some good, strong, plethoric indi-

64621

vidual could hardly contract any disease, owing in great measure to the fact that the full blood vessels and strong nerves were proof against disease.

In the anemic individual the nostrum vender has a victim and he surely works him to a finish. Some patients not being sick enough to employ a physician, the stomach becomes a test tube for concoctions, decoctions, and highly be-puffed mixtures given to enrich the patent medicine maker, to justify the druggist's recommend, to nauseate the patient and make him lose confidence in mankind and to believe that all men are liars. Why can't a law be passed compelling every patent medicine to have the formula printed plainly on the outside? Then the physician who is called later will know whether he has a case of cocaine or morphine poisoning to deal with, or whether it is a straight drunk from the alcohol which is used to delude the patient with.

Treatment. Abstain from all depressing and devitalizing influences. First the patient must be impressed with the fact that he can be cured in due time, as hope must be in the ascendency.

Rest for the mind and body must be insisted on; if a child at school, remove from school and from studies; the man of business needs a vacation, rest and change of scene, air, associates, and climate. Get away from the croakers who tell you that "Miss Brown was that way and she didn't live six months." The severer cases of anemia will tax the physicians resources to the utmost. Weekly baths are often enough, and salt baths are preferable.

Diet should be fruits of various kinds, apples when bowels are constipated; lemon juice for a laxative and for biliousness; considerable sugar if it does not disagree with the stomach; eggs, milk and meat, as much as can be taken and appropriated by the system; whole wheat bread in place of white bread; oysters, raw, when relished, are very good. Cream is a valuable but neglected article of diet in anemia. For a drink, cocoa in moderate strength has a beneficial action and should supplant tea and coffee entirely by all who value their health above their gratification of appetite. Vegetables in moderation should be eaten. Bananas are a very nourishing fruit and are not laxative, therefore are good in case of diarrhœa.

The hygiene includes a cheerful mind, lively companions. Music and song inspire hope and are tonic. A clear conscience is helpful, as a man who is doing his full duty to God and man is in much better shape to recover than one whose conscience smites him over neglected duties.

Medical treatment: If the stomach will tolerate it, the tincture of iron will soon make an impression and pink the cheeks of the anemic. Nuclein (Aulde) is a great enricher of the blood. Quinine in about three grains, or less than cinchonism, is an old tried and true remedy. Strychnine arseniate gr. 1-67 to 1-30 in combination assists in digestion, helps to relieve constipation and facilitates the vital processes. Hydrastin has various salutary effects on the economy which makes it desirable in combinations for anemia.

One thing should not be forgotten in anemia, on account of the lack of blood there is often a deficiency of gastric juice and consequent indigestion. Caroid in two or three grain doses after each meal and repeated in one hour if necessary overcomes this condition and assists in restoring normal condition of the blood. The patient should be encouraged to eat freely with the assurance that the medicine will insure digestion and relieve the pain after eating.

The physician's duty as custodian of

the public health is to cure all curable diseases and to prevent all preventable ones. Where the patient's stomach will tolerate a bitter mixture, the following will tend to make the red blood corpuscles tumble over one another to get to the face to paint it red.

℞ Nuclein Tab. (Aulde), No. cxx.
Tr. Ferri Murias, ʒii.
Fluid Hydrastin, ʒiss.
Strych. Arseniate, gr. 1-30, No. xl.
Elix. Iodo Brom. Cal. Comp. ʒii.
Firwein (Tilden's), q. s. ad ʒviii.

M. Sig. Teaspoonful in half glass of water four times daily; take through a tube.

Where, on inquiry, it is found that the liquid would not be acceptable to the stomach then give in capsules as follows:

℞ Quinia Sulph.
Ferri Sulph., aa gr. lxxx.
Nuclein Tab. (Aulde) No. lxxx.
Strych. Arseniate gr. 1-40.
Hydrastin, gr. 1-6 aa No. lxxx.
Hydrarg cum creta, gr. xv.

M. Fiat cap. No. xl. Sig. One four times daily.

Pernicious anemia may call for hypodermics of saline solution, or transfusion of the blood. Sanguiferrin has given good results. Bovinine has been generally praised by patients who have used it.

These cases call for brains, wit and grit on the part of the medical attendant.

## THERAPEUTIC SUGGESTIONS.

(Second Paper).

By Dr. Edw. C. Rothrock, Tennessee Colony, Tex.

### COLLINSONIA CANADENSIS.

Collinsonia Canadensis, common names, hard-hack, heal-all, horse-weed, richweed, etc., is indigenous to America, grows in rich land north and south. The plant has a balsamic odor, lemon-like and pungent, spicy taste. It yields its medicinal properties to alcohol and hot water, but should not be boiled. The root is the part used, as it is much the best. The medical properties possessed by collinsonia are tonic, aiding digestion and assimilation in a marked degree. As an astringent, it is an efficient remedy in diarrhea, dysentery, leucorrhea and hemorrhoids. As a diuretic and diaphoretic, it is useful in various bladder and kidney affections, acting with energy on the kidneys; therefore it is an efficient remedy in dropsy.

Combined with apocynum and ampelopsis and iron, it proves to be a potent remedy in ascites and other cavernous dropsies, acting on the emunctories and unloading the surcharged capillaries. Its tonic properties render it one of our best medicines in atonic conditions of the system caused by disease, but in that condition caused by dropsy it exercises its peculiar specific effect. It stimulates the absorbents and lymphatics, and increases renal depuration to a great extent. Its special action upon serous tissues is well marked, rendering it a potent remedy when used in diseases invading those tissues. Hence, it is a curative and a potent factor when administered not only in the cure of dropsy, but also in pleuritis, vesical catarrh, endocarditis, pericarditis and peritonitis.

In rheumatism and in valvular diseases of the heart, collinsonia possesses special affinity, action and power to remove the organized exudation existing in such cases. Dose of specific tincture 10 to 15 gtts. every three or four hours; combined with cimicifuga in this disease, it is as near specific as any remedy can be. In rheumatism, when the heart is implicated as shown by oppression at the pericardial region, restlessness, dyspnea, pulse small, feeble and intermittent, anxious expression on the counte-

nance and frequently a bellows murmur, no doubt endocarditis, or pericarditis. Then collinsonia will give relief combined or alternated with aconite or cactus grandiflora; it acts like a charm, aconite controlling the inflammatory action and giving strength and steadiness to the pulse. Collinsonia, having an affinity for serous tissues, exercises its peculiar action on the endocardium or pericardium, as one or the other may be diseased. The cactus has a sedative effect over the sympathetic and over nerve centers controlling the heart.

In diseases of the kidney and bladder, and dropsies, is where its specific action is the greatest and is peculiarly marked. In ovarian dropsy, ascites, etc., collinsonia with iron proves an efficient remedy. Alternated with acetate potash, or given in acetated tincture it will prove efficient, positive and curative. It is useful when applied in poultice or fomentation to bruises, wounds or ulcers, sprains, contusions, etc.

A very good cough balsam that we have frequently used for years is:

℞ Fluid Extract Collinsonia.
Fluid Extract Asclepias Tuberosa. aa ʒiii.
Glycerine,
Syrup Tolu. aa ʒvi.

M. et Sig. 20 to 25 gtts. every two or three hours, to be swallowed slowly in affections of the throat.

Very healing, to soothe and mitigate pain in sore and ulcerated throat, cough, asthma, pharyngitis bronchitis, pneumonia, hoarseness, colds, etc.

It is a pulmonary sedative, lessening local congestion, modifying the broncho-pulmonary mucous secretion and promoting its expulsion.

The other species probably possess similar virtues; they are collinsonia cordata, collinsonia ovata, collinsonia vernia, etc. Tincture or fluid extract should be made from the fresh root; when dried and kept for a time the root is worthless, inert.

RHAMNUS PURSHIANA.

Cascara sagrada, sacred bark, is the bark of the California buckthorn, rhamnus purshiana, a small tree; it contains several resinoids, tannin and a volatile oil, etc. This is one of our new remedies, and is used for habitual constipation. It is an effectual remedy for that condition as far as our experience goes with its use.

Its action imparts tonicity and vigor to the stomach and bowels, leaving no debility or impaired functions of those organs; in fact, a true tonic cathartic, exciting the peristaltic action of the intestines. In constipation, let the cause be what it may, cascara sagrada is the remedy, its peculiar tonic laxative properties assisting those organs to regain their normal condition and to properly perform their functions.

When a melancholic, pale, or sallow, care-worn looking individual comes moping to us, holding his right or left hypochondriac region, we expect a long siege with a list of ills, troubles and trials as long as the moral law, or the law-code of Texas, with his hair-breadth escapes from death-dealing doctors. They have generally been treated by eight or ten, (M. D's.); have taken medicine in shape of pills, pellets, powders and drops, by pailful, glassful, bottleful and spoonful,; have been from Dan to Beersheba; they eat largely at times, again starve on graham bread, but principally the former; they have consulted old physic and new physic, allopath, homeopath, eclectic and faith doctors, and yet the cry is, "O, my stomach! My stomach! My everlasting stomach and bowels." The course to take with such patients is first find out the history of the case. Keep them to the point, inquire into the condition of the stomach and bowels, then radiate in all directions from stomach and bowels to kidneys, lungs, heart and

nerve centers. It at least is satisfactory to the patient when he inquires: "Well, doctor, can you cure me?" to reply, "I have no doubt, if you give me time and follow directions."

If there is inertia of the coats of the bowels we give cascara. This condition is frequently caused by harsh purgatives and pills taken by these persons every time they felt a "little unwell," and by impairing the tone and susceptibility of the coats of the bowels, produce this condition. The causes are numerous that produce constipation. If caused by indigestion, dyspepsia, then cascara sagrada; tinct. nux. one to two drops, with one drachm cascara, three or four times a day, is reliable; particularly if the liver is at fault, cascara with hydrastis and euonymus fluid extracts, or alternated, will act promptly and have good effect. In constipation resulting from inaction of the liver, we find cascara with bryonia 6 to 8 gtts. also a good remedy given every three hours, and will relieve this condition. If stools are hard with much gas in the bowels, then cascara sagrada will give prompt relief. Combined with asafetida or robina, or alternated, it frequently acts like a charm in overcoming this condition. Cascara combined with chionanthus, is one of the best remedies in torpid liver, and in an inertia of stomach and bowels. Berberis alternated with cascara has a beneficent effect. Cascara sagrada can be given in all cases of constipation of the bowels, and administered to women in a pregnant condition. It acts mildly and without producing any untoward symptoms, and is an efficient laxative.

RHAMNUS CATHARTICUS.

Rhamnus frangula is an European shrub and contains a cathartic principle named frangulin rhamnoxanthin, which is insoluble in water, sparingly so in alcohol or ether. It is thought to be identical with cathartic acid, the active principle of senna. The dose of extract fluid frangula is one-half to two drachms. The bark, berries or fruit are used. This remedy has been neglected and is seldom employed in practice of late. We have frequently used it with successs in those cases where its administration was called for, or where its use was indicated. The berries operate freely upon the bowels, and cause thirst and dryness of the mouth if given in large doses, or in repeated doses, and frequently accompanied with severe griping of the bowels, unless largely diluted with carminatives. We find ginger and fennell seed good for this purpose. As an adjunct to other cathartics, or diuretics, it is valuable. The expressed juice of the berries is valuable in rheumatism and in the subacute variety of that disease we have had great benefit from its use. In gout, in combination with wine of colchicum, it acts like a charm in eliminating the uric acid, thereby preventing the formation of urate of soda. By the action of buckthorn the alkalinity of the blood is lessened, and therefore this element is more easily separated—i. e. eliminated from the blood.

The juice of the berries made into syrup, is the best form in which to use it. No single remedy will cure all types of dropsy, as it is is caused by a variety of abnormal conditions, as fevers, inflammation of various organs, chronic and obscure diseases, diseases of the kidneys, heart, lungs, liver, ovary, etc. While buckthorn is not a curative in all kinds of dropsy, still it will be found beneficial in all kinds, let the cause be what it may. In ascites and general anasarca the hydragogue-cathartic properties will be an important factor in the treatment and cure of such cases. Tonics and diuretics can be employed in conjunction with this agent whenever indicated, Aloes in small doses, jalap, cream of tartar and acetate potassium as indicated, are valuable remedies in com-

bination with this agent. In cavernous dropsy the rhamnus is a host, and when combined with jaborandi or alternated with it, it is a valuable treatment. Associated with chalybeates it will be found of great benefit in some cases of dropsy. In organic change of the liver, iodide of potassium with biniodide of mercury will be found of great advantage; or when the sympathetic system is implicated, a free use of iodide of potassium with buckthorn, will give good results. Iodide of potassium in connection with buckthorn given in one ounce dose of the syrup every two hours, or one to two drachms of the fluid extract will be found to be a positive and safe remedy, and a fine alterative for various strumous conditions. In constipation buckthorn is next to cascara sagrada in therapeutic value. In an inactive state of any portion of the alimentary canal, want of tone, syrup of buckthorn will be found very useful, overcoming inertia. In combination with hyoscyamus its action is mild and effectual. Buckthorn with nux where the portal circulation is deranged, will act to great advantage. The writer of this paper has repeatedly used this remedy and with hyoscyamus, or ginger, it will act mildly. Different remedies can be added to it to impress different parts of the alimentary canal, or to impress the kidneys and affect their secretion.

## IS MAGNETIC HEALING BASED ON SUGGESTION?

By Henry Wuerzinger, M. D., 1276 Central Boulevard, Chicago, Ill. President of the Central University of Magnetic Healing.

It is the purpose of this article to demonstrate to the satisfaction of the reader that the general supposition that the successful appliance of vital magnetism as a healing agency is but a very forcible method of suggestive therapeutics is erroneous, and is but the natural consequence of the wrong teachings of some instructors who, while styling themselves "magnetic healers," are in fact nothing but mental suggestionists. Many readers undoubtedly have taken a course in "magnetic healing," so-called, and were disappointed in their expectations, for instead of receiving instructions in therapeutic appliance and development of vital magnetism, they were simply taught mental suggestion in a more or less disguised form· "Exercise your intentions to quicken circulation; place your hands over seat of pain and will to give relief" are the usual instructions given by those misguided and misguiding teachers.

It is, therefore, to be wondered at that a great science, which, if properly understood and practiced, cannot fail to revive the entire system and cure many apparently hopeless cases, is continuously belittled and even misconstrued by those who are usually broad-minded enough to give to "Caesar what is Caesar's?" Show me the practitioner, from the most reputable physician down to the most unscrupulous quack, who does not "exercise his intentions" or "will to give relief;" the "intention" to give relief is always there, no matter what system we practice, whether it be one of the "pathies" or one of the "isms." It does not, therefore, require the expensive teachings of some greedy, self-styled professor to inspire one with healing intentions, as every method of healing is backed by such laudable intentions or, if you prefer to call them so, suggestions, and we might just as well claim the directions given, together with the medicines administered by the allopath or homeopath to be a more forcible method of suggestive therapeutics as to put forth such a hypothesis for magnetic healing. While I do not desire to question the bene-

ficial and curative effects of the differcnt systems of therapeutics, I do not hesitate to pronounce vital magnetism a healing agency which will reach and lastingly cure almost every ailment of mankind, and which, when once properly understood, will appeal to the common sense of every thinking person, for it takes its resources from nature itself, which in its bounteous storehouse supplies it with all necessary auxillaries: pure, healthy blood, fresh air and sunlight. The food we eat, the water we drink and the pure air we breathe transplant it to our system, where it only awaits further and sufficient development to be transmitted by personal contact with the bare skin from the operator to the patient, the nervous systems of both acting as conductors. The magnetic force of the sound and healthy operator is thus brought to bear directly upon the nerve centers of the patient, and as every part of the organism has its center of action in the central nervous system, the normal condition of the disturbed organs and functions is soon re-established. A knowledge of the plexuses of nerves situated along the spine where branches are leading to or supplying the different vital organs, is therefore essential for the intelligent appliance of vital magnetism, and as all the mental suggestion you may try to use will not avail you anything when, from a want of better knowledge, you work from the wrong plexus, it is apparent that the science of magnetic healing is independent of suggestion. I may mention here that the plexuses to be taken into consideration are the cervical, the brachial, the lumbar and the sacral plexus.

It is generally conceded, that, the lighter forms of mental disease excepted, it is impossible to treat the insane by suggestion. The following case will, therefore, prove my assertion that magnetic healing bears no relation to suggestion to be correct.

Frank B., aet. 26, a born imbecile, was afflicted with muscular rheumatism for nearly three years and all the usual remedies prescribed by different practitioners failed ty give any permanent relief. His condition seemed to become worse with every day and his groans of pain and agony were something pitiful to listen to. On August 2, 1899, I was called in consultation by Dr. S. The patient himself having never been able to talk, could not give any history of his case; but I learned from his mother that he was suffering from dyspepsia, chronic constipation and insomnia. As treatment by suggestion was out of the question, I commenced at once to apply vital magnetism with the result that the bowels moved the same evening and that he slept continuously from 9 o'clock in the evening until 4 o'clock in the morning, and as his groans had become less frequent, it was apparent that the rheumatic pains had also been relieved. I treated him daily for eleven days, and at the end of that time was able to pronounce him physically cured. His health has continued good ever since.

This case, owing to the mental condition of the patient is the most strikieg evidence of the efficacy of magnetic healing, simple and pure. I have cured numerous cases which could not be reached by suggestion, but were cured as soon as vital magnetism was vigorously applied. I do not want it understood that I make little of suggestive therapeutics, on the contrary, I use suggestion every day in my practice in such cases where experience has shown me that the superior force of vital magnetism is not required.

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Dr. Finley Ellingwood says that collinsonia is conspicuous in its ability to overcome relaxed and out of tone conditions of walls of the veins and has a direct influence on the veins.

# THE RELATION OF PSYCHIC STATES TO FUNCTIONAL ACTIVITY.

By J. T. McColgan, M. D., Arcot, Tennessee.

"The courage of truth, faith in the powers of the mind is the first condition of philosophical research."—Negel.

PREFATORY.

In this and some following articles I propose to discuss the subject of Suggestive Therapeutics and it is but just to myself as well as my readers to make these few explanatory remarks by way of introduction. First, I am not and do not pretend to be a specialist in Psycho-Therapeutics. I am not connected directly or indirectly with any school or college of hypnotism or any sanitarium for mental healing, neither have I any correspondence course to sell. I do not pass as a master or expert, in fact I recognize no masters in medical science; we are all only seekers after truth by methods which are as yet in the experimental stage and each is an authority only to himself. If in the following pages I at times seem dogmatic in my assertions, it is solely for the sake of brevity I do not seek to force my views on an one. I have been a student of Psychic Medicine for a decade of years and experimenting with it in a general practice and the views set forth in these articles are based principally on my own observation and experience, in the main they are in accord with most other workers in the same field, but in some respects my conclusions differ from theirs in theory. I am possibly an enthusiast, no earnest seeker after truth can be otherwise, yet I entered this field of research a materialist of the strictest sect and if biased in my observation, it was opposite to the conclusions which my researches forced one to adopt. I am not seeking to proselite medical men or depreciate medicine, if the principles of Suggestive therapeutics are founded on truth they will stand regardless of either opposition or approbation, if they are false they will go the way of many other medical fads and for one I am willing for time to winnow the wheat from the chaff and confidently believe that a rich harvest will bless not only the medical profession but humanity at large.

In the physical world we find ever operating two distinct principles a propelling and a restraining force, the formula of the universe is motion, but there is no motion that has full and unrestricted play for its activity, but is restrained or modified by other movements and this interaction of forces produces the harmony of treatment. From the planets in their course to the capillary movements of globules of water in a spring of algae nothing is exempt from this universal law. In what we are pleased to denominate "higher organisms" we find this law very plainly exemplified; every muscle has its antagonist, every nerve its inhibitory center and every cell is acted upon by some other cell and its activity modified and held in check.

Whether we regard mind as the product of cell activity, or the force which causes cell activity, it has been demonstrated in the higher organisms, that it regulates these activities. It is almost impossible for us to form a conception of mind except in connection with brain tissue for it is in this peculiar form of cells that its reaction is made manifest to our consciousness, but to the common mind electricity is only conceivable in connection with a galvanic cell or dynamo, yet electricity existed as a force before galvanic cells or dynamos were invented and one would only gain a limited knowledge of it by confining his observation to its

action on these machines. Perhaps the same may be true in regard to the mind, we say "no brain, no mind" and we form all our hypotheses on the material structure in which the grosser manifestations of mental phenomina are made apparent. As yet we have no instruments to detect mental force as we have for electric currents. If mind is a force of nature it is as much more subtle than electricity as electricity is more subtle than water and its reaction on ordinary matter is not appreciable by any of the five animal senses and cannot therefore be brought before our animal consciousness. We have all seen instances even in as high an organism as man, where animal life, health and strength existed normally and yet there was no capacity whatever to express mental action, and conversely we have seen animal or physical organization of the lowest type and mental activities very highly developed; we have seen the mind increase in brilliancy while the body was becoming rapidly disorganized. These facts and many others justify us in forming the hypothesis that "Mind is a peculiar force of nature, an entity as much so as electricity," and proceed from that hypothesis until we find facts for which it fails to account or are antagonistic to it.

The mind expresses two kinds of activities and for the convenience of study may be regarded as a dual organization. These two faculties have been termed the subjective and the objective mind; some psychologists speak of them as if they were distinct entities, but whether we regard them as such or as distinct manifestations of a single force amounts to very little from a practical standpoint. This much may be asserted: that though intimately inter-related they act very much like two individuals. They seem to have two distinct consciousnesses or states of awareness. Two distinct modes of perception and entirely dissimilar methods of action. The subjective can exist and maintin its activity entirely independent of the objective, but the reverse is not the case.

The objective mind is the mind of relation. Its stimuli are precepts received through the five physical senses, by comparing these precepts with each other it forms concepts which might be called the sum total of all the precepts bearing on the same subject, these concepts are passed to the storehouse of memory. Thus the objective mind reasons mostly inductively, but is also capable of deductive reasoning according to its ability to call up concepts from the depths of memory. The most striking characteristic of the objective mind and one that is wholly different from the subjective is that it acts by conscious effort and consequently must have rest for recuperation. It is the guide of the organism in its relation to material environment and its consciousness is the ego with which we are on speaking terms and the only one more than five-sixths of the human family ever makes the acquaintance of.

The subjective mind acts both automatically and by suggestion. It perceives by intuition and reasons from concepts instead of precepts, it consequently arrives at conclusions with lightning like rapidity. It is the storehouse of memory and never forgets. It is incapable of inductive reasoning, or at least has no occasion to exercise it. It is devoid of scepticism and never doubts. In ordinary things its obedience to suggestion is perfect, but it stolidly refuses to violate a firmly rooted principle, in fact it appears to hold the higher conscience of the individual in its keeping. It is influenced ordinarily by suggestion from its fellow objective mind, but when this is in abeyance or off guard it readily enters into relation with any other objective mind and will receive and act upon suggestions from it with

as much fidelity as from its fellow. It presides over all the automatic functions of the body and under exceptional instances can control voluntary movements as well, but its chief action is in modifying and accelerating the the automatic functions and preserving the harmonious relations between them, under the control of suggestion it will moderate or accelerate any function according to the will of the suggestor, generally to the limit of not destroying the organism, but in exceptional instances it may even go this far. It is only under very exceptional conditions that the subjective ego can be elevated before the consciousness of the objective man and when this occurs he is very apt to think he is in the presence of a god, or at least a spirit from some higher sphere.

Both the objective and subjective minds are susceptible of development and each may be cultivated to the exclusion of the other. The subjective grows consentanious with the normal development of the objective for the latter gathers such stores the concepts on which it depends for exercise and furnishes most of the suggestions which give it greatea activity. While the objective mind usually exercises sovereign control. The subjective can and often does dominate it and it accomplishes this through its control of nutritive processes of the body, for the objective mind is more dependent on the normal condition of the brain than it, so we find that the objective weakness with the body and in proportion as it weakens the subjective increases in self assertion.

The action of the two minds on the physical organism might be compared to a young lady and gentleman at the piano. When left to make her own selections the lady will pay those pieces she has practiced most and performs the best, but if the gentleman calls for it, she will play to the best of her ability anything suggested from one of Beethoven's melodies to "Hot Time in the Old Town To-night." Should he so far forget the proprieties as to call for something so coarse as to shock her sense of modesty she would obstinately refuse to play. And just so the subjective mind sweeps her fingers over the key-board of brain centers communicating their vibrations through nerve strings to the various functional organs and when left to her selection perfect harmony is the music she makes, but will by suggestion strike any key or any chord regardless of the discord it may make, except a deeply rooted prejudice is violated and then she like the other asserts her dignity and individuality and refuses to play.

There is quite a school of writers, mostly composed of hypnotists and healers who have entered this field of research from the ranks of the clergy, who claim that the subjective mind is the repository of all virtue, morals and rectitude, a something divine, supernal to the man's individuality. My experience with numbers of somnambules of various degrees of intelligence and character leads me to reject this theory. It is true that the subjective memory being almost perfect, concepts long forgotten by the objective intelligence will often come to the surface and give the appearance of a greater degree of moral probity to the subject than he exhibits in his waking senses and the intelligence is for the same reason also much enhanced, but if you put him to severe tests you will find that his individuality will assert itself and the sum total of his objective habits and thoughts make up his subjective conscience. An ingenuous man or woman with obscure symptoms the result of reflex sensations will during lucid somnambulism designate the real spot from whence the symptoms arise and very often accurately describe the pathologic condition of the part, but the mystic and the hypochondriac will

attempt to deceive you with infinitely more plausibility than when awake. I have found some somnambulists with a very low conception of the rights of property; others that no amount of pressure could force to even go through the form of stealing. Some with little sense of the sanctity of human life. Some with little or no sense of modesty, some who were great hypocrites and others consummate liars. Of course somnambulism exaggerates personal traits because it eliminates fear and policy which serve as a great restraint in their waking moments.

It has been observed during all the ages since medicine has been studied as a science that certain mental conditions affected the functional activities of the body; not only the secretions, but that the action of the heart is accelerated or retarded by purely psychic conditions. Not until about twenty years ago was it made clear what these psychic conditions were and how they might be produced at will. All the instances that occur spontaneously the conditions, if closely examined, show to be such as produce temporary abeyance of the objective faculties and this condition of temporary abeyance is of frequent occurrence though rarely recognized by the individual. This fact is very well exemplified in the first and second states of hypnosis.

The subject on being released will often claim that he was uninfluenced and obeyed the operator simply from a desire to be complaisant; he remembers everything that was said or that occurred, therefore he thinks he was in full possession of his faculties when the fact was that only a suggestion of amnesia was necessary to make all that he remembered a perfect blank.

In mind as in all things else there are two forms—positive and negative, or an active and a restraining agency to preserve the equilibrium—and the objective faculties might very appropriately be called the inhibiting organ of the mind, its cold casuistry and skepticism serve to prevent the complaisant subjective mind from running away at the call of every passing suggestion. During our waking hours nutrition, secretion and excretion are held in check by this inhibitory action and all these functions are more regular during sleep for then the objective faculties are in partial abeyance and their inhibitory action only sufficient to prevent abnormal activity, the deeper the sleep the less influence is exerted and the more the subjective faculties dominate the organism, but being acutely sensitive to any kind of suggestion it comes under the control of sensations from the moving viscera which modifies excessive action and thus preserves automatism.

The greatest difficulty we labor under in psychic research is owing to the fact that from our infancy our whole education has been in the direction of comparing material entities and trying to understand the relation which they bear to each other. This exercise leads us to unconsciously personify principles and attributes and hence we often get material images and mental images inextricably mixed on the mirror of our consciousness. The hardest lesson we have to learn is to distinguish between things material and things psychic, between physical and psychic activities. As physicians most of our systematic investigation has been upon the dead body. Surgery has profited immensely from this, but our hypothesis of life and health based upon our observations of the cadaver is mostly ingenious guesses. It would be a remarkable intelligence that could look at a steam engine disconnected from boiler or steam and discourse by taking it apart, the wondrous secret of its power and motion and a still greater feat would be to solve the same problem with an electric motor! How much greater the task with that more

intricate machine, man? Would a steam or electrical engineer be considered capable or expert who only knows the parts of the engine or motor and who scoffs at the study of the properties of steam and electricity as too meta physical for a "practical man" to engage in?

To appreciate the influence of mind over functional activity we must divest ourselves of the idea that the mind is generated by these activities just as in physics we had to abandon the idea that the galvanic cell or dynamo generates electricity. The physicist knows that these machines only transform latent into potential energy, and this, or something like it but more refined, is what the brain does in regard to mental energy. Neither the body or the brain is the man. Bodily identity is not individual identity, for we know that every living cell perishes, becomes disappointed and is thrown out myriads of times during the life of the organism and yet it remains the same individual. We know that every chemical element is changed and removed thousands of times without affecting the individuality. We know that the body changes its form from the six pound babe to the ten stone man; that the vigorous youth becomes the decrepit old man with lean shanks and tottering gait, "sans teeth, sans eyes, san everything!" And yet the same individual is there! The intellect, the boasted reasoning powers which are said to elevate man almost to the station of a god, often become extinguished, still the individual remains. In certain cases of trance all the organic functions cease and nought but decomposition distinguishes the body from a cadaver, yet his individuality is locked in that dreamless, death-like sleep and he may be awakened to his former life just at the precise point where its activities were suspended. Then as physicians let us become more acquainted with the man in the man, let us get in relation, or as the French say, en rapporte, with him and we will find him an affable, accommodating gentleman, who will co-operate with us when repairing the tenement in which he resides, provided always that we conform our method to the laws by which he is governed for though lord of the manor, he is not above all law.

## PEROXOLES.

By H. Speier, M. D., Janesville, Wis.

Last summer there was placed into my hands a liberal supply of samples labeled respectively, menthoxol and camphoroxol. They are specimens of a new line of preparations called peroxoles, brought out by a firm of chemists in Weissensee, near Berlin. The medical profession having found through an extensive and prolonged use of peroxide of hydrogen that its effects, excellent though they are, are evanescent, owing to the fact that it is decomposed immediately on coming in contact with pus or blood, the use of the drug in surgery remained limited to the office of a preliminary cleanser.

These German chemists succeeded in establishing a series of combinations of peroxide of hydrogen with known disinfectants and germicides, such as carbolic acid, salicylic acid, camphor, menthol, naphthol, etc., which, after the chemical decomposition of the peroxide by the animal fluid, remain on the part treated as a protection against fresh bacterial invasion. They name the whole class peroxoles, distinguishing camphoroxol, menthoxol, naphthoxol, etc., according to the agent entering into the combinations. All these combinations form clear solutions which remain stable for a long time with ordinary care. Bacteriological investigations have proven their antiseptic value.

For several months I have used the

solutions freely in the routine work of a general practice with universally good results. In various cases of minor surgery, such as contused or incised wounds, abcesses, ulcers, etc., they have proven effective. Where formerly in an infected wound I first washed out with $H_2 O_2$ and then dressed with some antiseptic dressing, I use now only gauze soaked in camphoroxol. All cases treated have done well, repair taking piace quickly. Especially noticeable was the effect on granulations, a few days sufficing iu covering over large surfaces. In one case only no benefit was obtained, an old ulcer of the leg, but it was hardly a fair test. The patient, an old German woman, filthy, intemperate, disobedient, one in whom I should have been surprised to see any drug or measure succeed.

Very prompt was the action of menthoxol in a case of hypertrophy and thickening of the nasal mucous membrane. His nose was completely filled up by dry, hard crusts which yielded only very imperfectly to $H_2 O_2$ with subsequent applications. Under the use of menthoxol the crusts disappeared easily and the hypertrophy of the mucosa was soon subdued.

I gave a bottle of the camphoroxol to a dentist who shares waiting room with me. He has used it in all such cases where he has formerly employed peroxide of hydrogen alone and reports very gratifying results: a more rapid yielding of inflammatory conditions than he used to obtain.

Menthoxol has proven valuable in my hands in the treatment of certain fuuctional gastric disturbances, characterized by a feeling of distension after meals with belching of wind, dull pain, lassitude, etc. A number of cases of the kind have been greatly benefited by the use of menthoxol.

One case, a young lady aet 16, high-school pupil, good physique and usual health good; eats too fast; has gastric trouble as described above; temper has become very irritable. Gave her half a teaspoonful of menthoxol with three drops of Fowler's solut three times a day. A few weeks treatment restored her health.

Another: German, aet 59, saloonkeeper. Has had stomach trouble for years; been treated by many physicians, among others by some of the leading specialists in the universities of Berlin and Halle; lavage, etc. He has not taken alcoholics of any kind for years and is very careful of his diet; no organic disease of stomach; very slight gastro-ectasis. Gave him teaspoonful doses of menthoxol in plenty of water three times a day. Occasionally Fowler's solution and nux vom. Effect was prompt and gratifying. After treatment extending over a few months he calls himself well.

Owing to the ease with which decomposition of peroxide of hydrogen takes place, I have used the peroxoles alone for the most part, only combining Fowler's solution with them occasionally. As far as I could determine the combination is admissible. Certainly the desired results were obtained.

## A WARNING TO MEN.

By Ralph St. J. Perry, M. D., Farmington, Minn.

Prof. Jacques Loeb, of the Chicago University, has announced the discovery of a method of developing sea urchins from the unfertilized eggs by chemical treatment. In the course of experiments at the Wood's Hall laboratory, it was found that sterile eggs, if placed in a solution of certain magnesium salts, would gradually develop and in the course of time full-fledged sea urchins were hatched. This is both startling and interesting, for it opens up a vast field of experimentation, and the Lord only knows what

will happen should it be found that similar processes will work with the land urchins. The magnesium salts are known to be abundant in sea water. They also form a conspicuous element in the composition of seminal fluid. Should succeeding experiments demonstrate the possibility of the manufacture of an artificial semen, it behooves the male portion of humanity to look a little out. For centuries the feminine portion has been scorned, frowned upon, down-trodden and otherwise given to understand that they were not in it. In India, China and some other oriental regions the female baby was used as a tempting morsel to propitiate the gods of the Ganges and other deities. But now a day of reckoning is at hand. The closing century has already witnessed a phenomenal development of the rights, privileges and demands of women, and the perfection of Loeb's discovery means that in the future boy babies will be chucked over the back fence as an inconsequential element in the cycle of perpetuation.

Abas, Loeb! Abas, Wood's Hall! Abas, the whole shooting match! Oh, probably a few males whose drapery is palpably developed may be preserved for the benefit of the coarse and vulgar who may have a curiosity to experience the experiences of their grandmothers; but you mark my word, the waman of the future will be the chemico-fecundating one, and man will be told to "go to."

Matters puerperal will be under the exclusive control of the women and will be made to accommodate themselves to seasons, fashions, etc. There will be no babies born in the hot, sweltering summer months, nor will there be ten babies seated at the feast when the tin wedding is celebrated. Now, to my friends who know when they have a good thing in life, I would suggest that something must be done to adjust matters. Prof. Loeb must have the dangers of his discovery made plain to him and be induced to suppress the details of his method. Should any committee of ladies call upon him for a working formula, he must sternly turn them down and refuse to divulge, under penalty of death. In the meanwhile any woman caught buying magnesium salts at the corner drug store, must be looked upon with suspicion.

## ASPIRIN.

Dr. G. H. Meier, (American Therapist, December, 1899) states that his experience with the salicylates during the past twenty years has convinced him of the difficulty of administering them in most cases; even if given in capsules or wafers many patients object to salicylate of sodium on account of the resulting disturbances of the stomach as evidenced by nausea, distress in the epigastrium and even vomiting. Occasionally he has also witnessed headache, tinnitus and vertigo during its use. These disadvantages of the salicylates have led him to experiment with aspirin, a new combination of salicylic acid and acetyl, which passes unchanged through the stomach, and is not decomposed until it reaches the intestinal canal, thus avoiding any action upon the stomach. He has given aspirin in the same dose as salicylate of sodium, and owing to its insolubility has generally placed the desired dose upon a tablespoon, adding some sugar and water. From his experience with aspirin up to date he considers himself able to assert that its effect differs in no wise from that of salicylate of sodium, and that it has the great advantage of being entirely devoid of troublesome effects upon the stomach. This is well illustrated by the twelve cases which are reported in full in his contribution.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## THEOBROMINE.

Theobromine is an alkaloid, found in the seeds of the theobroma cacao. It is obtained from the pressed cacao mass by mixing with slaked lime and exhausting with boiling alcohol. Theobromine is a white crystalline powder and is slightly soluble in water, alcohol and ether. On account of this insolubility it is employed in the form of a double salt. The preparations are theobromine salycilate and theobromine sodium iodide, also known as iodo-theobromine. The latter salt is used in the usual dosimetric manner, in 1-6 grain doses; as high as 8 grains can be given at one time. The physiological action of theobromine is similar to caffein, but it does not have any irritating effect on the nerve centers.

M. Le Moyne de Vemon has recently published a thesis on theobromine, which is of especial interest. The Medical Review of Reviews for December publishes an abstract of this thesis. M. de Vemon regards theobromine as a trustworthy and powerful diuretic, acting directly upon the kidneys, imposing no effort upon the heart, but rather relieving that organ by causing a rapid diminution of oedema. Theobromine also causes the disappearance of toxic dyspnoea and calms praecordial distress. In valvular diseases, digitalis has its contraindications and causes of failure, the principal one of which is myocarditis. Though par excellence the medicament in asystolia it may fail from the very first. Then theobromine should be substituted for it. This drug occasions no evil effects in cardiac patients. When any cardiac lesion is added renal trouble, and particularly cardio-renal sclerosis, the general effects of digitalis, and especially its diuretic properties, become unreliable, and are nearly always insufficient. Theobromine should in such cases be substituted, for it insures diuresis, without detriment to the kidney, and supports the heart by disencumbering the peripheral circulation. Nevertheless, if digitalis is powerless against oedema it can aid occasionally in regulating the heart, and it should be given in a moderate dose when signs of failing are present. In the course of renal insufficiency to combat uraemia, imminent or actual, more certain success is likely to be attained if to the local or general depletion to disembarrass the kindey is added the employment of theobromine to awaken the functional activity of the renal epithelium.

## INTERNATIONAL CONGRESS OF DOSIMETRIC THERAPEUTICS.

By Dr. Albert Salivas, Paris, France.

There will be held at Paris in 1900, a congress where therapeutics will be honored as it should be: the congress of the physicians of the world who have raised the standard of alkaloidal therapeutics, in other words the congress of dosimetric therapeutics.

Alkaloidal therapeutics, a word of but little significance of itself, if one holds exclusively to it and sees in it only the name of a therapy of which the alkaloids are the principal agents, but a word on the other hand, full of meaning if one understands the method

of practical employment of the alkaloids, that is to say the employment of the alkaloids based upon physiology and the clinic and conforming to the principles and to the rules of dosimetry.

To-day all physicians use the alkaloids more or less. Unhappily there are many who employ them blindly, without any guiding principle and without following any rule. For which reason there arises for these physicians a double danger, for either they do not obtain good results from the alkaloids and complain of the insufficiency of their action, or they obtain only the bad effects and complain of their toxicity.

Dosimetric physicians on the contrary have nothing to fear. In their hands the alkaloids are arms of marvellous precision which the practitioner can employ at discretion and which always tuto, cito et jucunde. The reason of this is very simple. It rests entirely upon the observations of the precepts, clear and plain, adopted unanimously after three readings by the Dosimetric Therapeutic Society of Paris at a general meeting December 5, 1894. These precept we recall in a few words:

Administer the alkaloids in broken doses only, exactly measured, in the form of soluble granules. In all diseases acute or chronic, whenever the temperature exceeds 38 deg. C. (100.5 F.) prescribe the dosimetric trinity (defervescent granules composed of strychnine ½ milligramme, amorphous aconitine ½ milligramme and amorphous digitaline, 1 milligramme) one granule every hour, every half hour or every quarter of an hour, according to the urgency of the case. Persist boldly and without fear until the effect, nausea, profuse sweat, etc., is obtained. The trial has been made a thousand times upon man and upon animals without ever producing untoward results.

By analogy and by extension employ, always in divided doses according to the intensity of the disease and the condition of the invalid, all the other alkaloids and also all the active medicines.

If from the outset the physician obeys these precepts he can in most cases in acute disease, restore the normal temperature, dissipate the fever, avoid organic localizations; in a word jugulate the disease.

In chronic maladies the functions of the system are regulated, while at the same time the vital forces of the invalid are sustained and the strength conserved.

It is of the therapeutics thus constituted that we speak in our International Congress, and we urgently call upon our friends in all parts of the world to attend in 1900. We trust they will respond en masse to our appeal, and will come prepared with clinical facts and thoughtful essays. We will welcome them with joy and happiness. Then meeting in fraternal union, exchanging our ideas and our views we will complete the grand edifice commenced more than a quarter of a century ago and place upon a permanent foundation the therapeutics of the coming age.

## CODEINE.

Husemann concludes that codeine, given in small doses, is hypnotic, but in large doses, it has an analagous action to picrotoxine. Taking into consideration the opinions of the different authors it may be concluded that codeine, in small doses, possesses a calmant action, slightly hypnotic, allays the sensation of hunger, does not constipate nor derange the digestion; in large doses, it causes excitation, restlessness, headache, loss of appetite, nausea, vomiting, and may give rise to vomiting.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

## THE INTRUSION OF A THEORY.

[Second Installment,]

I have said that Brown-Sequard was an eminently practical man. As emphatically, and in the same tone of expression, I characterize his theory. Let me quote:

"There is a derivable life fluid * * * Transfer it to the sick, and it enlivens, vitalizes. Transfer it from the young to the old, and it fills the life cells with new life."

What? Testicular extract? Let us be careful with our interpretations. But that is the received interpretation, and for convenience sake, we will take it. Shall we say that his "life fluid" is the "juice" of the testes? There is such a juice. What is it like? Mind you, I am not talking of "spermine" ($C_2H_5N$)." The true physiological testicular extract, readily obtainable for our experiments, and "a proteid in its own right." Let us examine it closely; but first, we have to interweave another point.

The nerve elements, both the fibre and corpuscle, are composed of particles of an albuminous substance, combined with fatty substances in granules, highly unstable, and easily acted on by external influences. We have an indistinct knowledge of the molecular changes which occur in the nerve substance, but we are made fully aware of two things of great relative importance, namely: 1. That in these imperfectly understood changes of the nerve tissue we have the embodiment of that which we call the nerve force. 2. That the complement of the change is a supply of blood in proportion to the force set free. The restoration from the altered structure is due to to the blood, which circulates very largely among the nerve fibres, but still more in the gray matter containing the corpuscles. It is computed by no less an authority than Herbert Spencer that five time as much blood circulates in the gray or corpuscular substance as in the white or fibrous substance.

Now, this same nerve material, which depends so much on good blood, is closely duplicated in different parts of the body, and imperfectly understood tissues and fluids (tissue fluids in German parlance). These are more or less largely of a pigmentary type of character. The pigment of the eye, seen through the pupil, as a deep brown shade is an essential of good vision, as the means of intensifying the light. A pigment also occurs in the olfactory regions, to which Ogle traced an increase in the acuteness of smell. So also, there is a pigment in the membranous labyrinth of the ear. So again, in a slightly modified sense, there is a pigmentary fluid in the thyroid, the thymus and the testes. Without inquiring very closely into the pathological character of these substances, we are justified in stating that by them the organs are given greater susceptibility, and essentially they are of the same character as the nerve tissue. Along this line we find that they depend quite as much as the nerve tissue itself on the supply of good blood. If we follow the optic nerve into the eye, we find that the pigment is intimately continuous with the nerve substance. In the testes the hypogastric plexus affords nerves which merge into the seminal granules and identifies their substance with the liquor seminis, concerning which we are inquiring. Again, the fluid con-

tained in the interior of the Graafian vesicles, and in which is suspended the ovum, is contributed to by the nerves from the spermatic plexus which supply the ovaries. The analogy is carried as well to the suprarenal capsules, the parotid, the mammae, the thymus, the thyroid and other glands that afford tissue fluids.

The understanding then that the nerve substance of the corpuscles and axillary cylinders is closely identical and invariably identified with the tissue fluids occuring in the glands, and in a more or less intimate degree, and considering that in order to have a perfect exercise of nerve force on the one hand and a greater organic susceptibility on the other, there must be a free and adequate supply of good blood. It becomes a pleasure to grasp the Brown-Sequard theory appreciatively. Now, let us requote the celebrated theorem:

"There is a derivable life fluid * * * Transfer it to the sick, and it enlivens, vitalizes. Transfer it from the young to the old, and it fills the life cells with new life."

Shall we say that this life fluid is the juice of the testes, or of the ovaries, the supra-renal capsules or the thyroid. Not so. The tissue fluid is but the instrument, the factor, the methodus or causus. Shall we stir our coffee with pieces of sugarcane for the purpose of sweetening it? Shall we use the tissue fluids for the sake of the blood? Shall we pulverize desiccated brains, spinal cords and testes to obtain a complex organic product? Not so? We have respect to every office of the blood, and to this least understood office as much as any. We may be, and should be solicitous that the tissue fluids, one and all, should be in good stead and standing. What makes them so? Good blood; good blood, potent in the system in so many ways, and potential here.

It is a question of duty, a question far above and beyond all theories, a question outreaching Brown-Sequard's most exalted idea. Is it not duty to do our best, our very utmost to provide pure blood, and thus accomplish the very purpose with which the great Frenchman's theory was pregnant?

Blood, normal in quantity and quality, the true life fluid. It is "the life" indeed. And duty tells us to make blood. How? I shall not presume on the reader's patience in answering this question. Do not think that there is anything to be said about blood fluids. It is bad enough to have to discuss animal extracts. The blood foods, whatever their name or character may be, in a measure, of therapeutical value, and may be in another measure, no value at all. By blood food is meant that which presents to economy the equivalent of the blood. These may be reliable, may not. We all recognize the fact. Some of them do make blood. So do beafsteak, bread and potatoes. Some merely make believe, And the more excellent way is the demand. And it is afforded.

I am called to operate on a returned Klondiker, and when the fee is at issue he hands me a nugget, certified by the subtreasury to be worth $5. I take it, but should prefer a greenback. So of blood-making. Let me ask you: Would you not prefer that your patient have actual blood instead of the very best ferric or other blood-making preparations? Certainly. Now, we are not talking of abattoirs, tumblers of blood or transfusion. We speak of a remedy. We want to make blood—blood corpuscles, haemoglobin. Now in all honesty, would you not prefer that which would show under the microscope red blood corpuscles in their integrity? Certainly. Current coin is always best.

Current coin. Bovinine is the current coin of medicine. It solves the theory of which I have spoken. It does for the economy all and more

than the theory outlined. It affords blood corpuscles, haemoglobin. It comes practically predigested, readily absorbable, easily assimilable. It meets the requirements, as it is so near to the form found in the blood. Essentially a physiological preparation, it is a physiological food. It is a food that the economy hungers for; and it satisfies the hunger. It is good food for good blood.

The clinical evidence in favor of bovinine is as conclusive as it is extensive. It accomplishes the purpose of the life fluid, and it is the life fluid. It makes blood, it makes nerve force, it makes life force. Brown-Sequard is interpreted by bovinine; not as Ignatius Donnelly interprets Bacon as Shakespeare, but rather as Paul of Tarsus has elucidated the Hebrew lawgiver

WILLARD H. MORSE, M. D.,
Westfield, N. J.

## AMYLACEOUS DYSPEPSIA.

### A NEW TREATMENT.

Owing to the pressure of business on hand, outside the professional routine, I have not the time to contribute my experience in detail at present, in the treatment of dyspepsia on a new plan, but present the following outline to Recorder readers.

For twelve years I have been a constant sufferer from amylaceous dyspepsia, taking pounds of different pepsins and lactopeptines. I have noted in my own case, however, that I never eructated any proteids, a fact which 90 per cent. of my patients have corroborated within their experience. This first caused me to abandon pepsins. I noticed an article by Dr. Wilcox recently, giving his experience with diastaste, and I was a very ready patient. My life has been a burden to me on account of the gases accumulating in my intestines, keeping me dizzy all the while. I sent and got one ounce of diastaste and began the administration of six grains three times daily. In thirty days I was entirely free from flatulency. My abdomen had gone down in size, as noted by the slack in my pants, over three inches. I knew that whatever the good results were from diastaste, that it could not have the desired effect on the relaxed muscular walls, nor the tenacious mucous nor the lowered nerve tone; therefore I made up some capsules, containing diastaste, nux vomica, hydrastis, aloin and capsicum. The hydrastis meeting the condition of anaemia with the capsicum in the mucus coating.

The results have been happy. Indeed, I feel that it would be unprofessional to not relate my experience in this line, for if there is any man who has my sympathy, it is the dyspeptic, and without going into the techinal details, I offer these few suggestions for what they are worth. However, I was more magnanimous than most physicians, as I tried the dose on myself before trying it on my patients.

Since administering it to myself, I have used in hundreds of cases the same treatment, with permanent results. Patients finding it difficult to find diastaste convenient in all drug stores, I got the the Diastaste Chemical Co., of St. Louis, Mo., to prepare me some tablets according to the foregoing outline. Diastaste being a little difficult to take in powder form, I have found the tablets much more satisfactory. I used it in capsules, but they become very hard and were impossible of digestion; therefore I do not administer it in capsules any further. The above house has taken all pains to meet my wants, and at their suggestion they added inspissated ox-gall, lactophosphate soda, pancreatin and pepsin 3,000 aseptic, rendering the tablet absolutely perfect. By

their own process they have furnished me with a tablet that keeps in all atmospheres.

I prefer the treatment with a glass of hot water, containing a pinch of salt, every morning, which aside from liquifying the tenacious mucous found in the alimentary canal, it proves to be a fine laxative, and many patients having to abandon it on account of too much laxation so the soda was incorporated to meet this condition permanently.

I gave my consent to the house to manufacture the tablets by my formula improved by them for any physician who so desired, and while I have not heard of them advertising the tablets, yet I am almost sure they are prepared to furnish above to any physician so desiring.

I will enter into detail later, giving my experience minutely with this wonderful drug. It has come not only to stay, but to absolutely supercede pepsin and another ferments acting as it does, not only on starchy foods but all classes of food, demonstrating clearly that there are facts connected with digestion which we are not acquainted with.

J. B. C. Stone, M. D.,
St. Louis, Mo.

## FROM FRENCH JOURNALS.

A death from an uncommon cause occurred in a French town recently. A small boy played with one of those well known small balls of thin rubber attached to a wooden tube with a whistle. Inflating the ball by holding it in his mouth and taking a deep inspiration, he drew it, tube foremost, into his larynx. Before assistance was rendered suffocation resulted.

***

The Dreyfus affair, almost forgotten by us, still agitates France in various ways. A lawsuit brought by M. Labori, the attorney, against a Parisian newspaper, has bronght forward all the surgeons who attended him when wounded as witnesses, in reality as defendants. The paper has made the outrageous charge that the attempted assassination was a sham, a conspiracy concocted between M. Labori and Dr. Reclus for the purpose of creating public sentiment in favor of Labori and Dreyfus and giving to the doctor widespread notoriety. Of course all the physicians who saw the case and signed the bulletins, including university professors and army surgeons of high rank are indignant, for they also are indirectly charged with fraud.

***

French doctors would like to use the automobile. So far, however, they have not found a vehicle entirely satisfactory; one that combines comfort, ease of handling, safety, durability and cheapness of price.

***

A medical club recently formed in Paris has established a special bureau for the purpose of giving assistance and information to physicians, French as well as foreign, who may visit Paris during the coming exposition. They will procure for the visitors rooms at reasonable rates. The chairman of the committee is the well known Prof. Pozzi. If some of our readers wish to avail themselves of the services of the bureau they may address a letter to 5 Avenue de l' Opera, Paris.

***

French Humor—At one time France boasted that she marched at the head of civilization. Well, she does so yet, in a certain way. Proof is offered by the following abstract from a recent number of the Gazette Medicale de Paris. A contributor tells of a visit to a music hall. An actor representing a doctor, dressed in a fashionable frock coat, sings a comic song on modern surgical operations and the inconveniences of laparotomy. He tells of

the things that he has forgotten in the abdominal cavity. Not such trifles as forceps, gauze, sponges, for our operator leaves in the belly of his patient, a baroness, his dress coat which he had taken off hurriedly and misplaced. He reopens and takes out his coat but trouble continues and he discovers that his pocketbook has slipped out of the coat pocket. Third laparotomy is performed and pocketbook is found in Douglas pouch. After a few days fresh trouble. The doctor misses out of his pocketbook two 200 franc bills. Fourth laparotomy. The bills together with a copy of a newspaper are lodged anteriorly near the bladder. His experience beats that of the professor of the medical faculty of Paris who drops ashes from his cigarette into the open belly of his patient who dies in consequence.

The baroness has taken a liking to laparotomies and our surgeon concludes to leave her open, closing the abdominal walls only on Sundays and holidays.

H. Speier, M. D.,
Janesville, Wis.

## MOVABLE KIDNEY.

The improved methods of diagnosis now in use enable us to detect this condition with more accuracy than formerly. It is a subject to which considerable attention has been given recently by leading surgeons and writers. Dr. A. Lapthorn Smith writes of the treatment of movable kidney as follows:

"In movable kidney the Weir-Mitchell treatment of rest and forced feeding has been followed by great benefit; and a few cases are on record of apparent cure of the disease without treatment, simply because an improvement in nutrition took place. The only good that we may hope to accomplish with a pad and bandage is by crowding up the whole of the abdominal contents. For this purpose a round cushion should be made of chamois-leather, and covered with a movable cotton cover, to be frequently changed. This cushion should be filled with curled hair for the sake of elasiticity and lightness; and, indeed, an air-cushion of rubber might do as well, and it should be thick enough to give the woman when it is applied, a distinct roundness or plumpness of the abdomen. It should be put on while she is lying on her back and held in place firmly by means of a broad flannel or woven elastic bandage, so as to keep it evenly pushed into the abdomen. When the patient stands erect all the abdominal contents will be supported and the patient will experience great comfort immediately.

In those cases in which the above methods of treatment are impracticable or unsuccessful, nephrorrhaphy, which as a rule gives very satisfactory results, must be resorted to.

E. Hurry Fenwick, F. R. C. S., in Treat's International Medical Annual says regarding the treatment of movable kidney: "I submit that the kidney is often stitched unnecessarily, even harmfully. If nature arranges that our kidneys should move, we need not aim at their absolute fixation. Those of us who have had to follow exploratory renal operations done by others than ourselves, know only too well how firm the adhesions are which a mere aseptic inflammation builds around the kidney. I suggest that all that is needed in movable kidney is to free the kidney from its surrounding fat, and in aggravated cases to free the outer capsule itself posteriorly and superiorly, and to drain for a few days. This is quite sufficient to set up tough surface adhesions and to fix the kidney. I was not altogether satisfied with my earlier results with anchorage by ligature, and have now relinquished all stitches through the kidney except those used to control hemorrhage.

# The Wisconsin Medical Recorder.

*A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.*

J. P. THORNE, M. D., Editor.

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Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers,
Janesville, Wis.


The copy for Dr. Metcalf's article failed to reach us in time for this issue. The article will appear in the February number and will be enjoyed by all our readers.

The anti-vivisectionists are again actively opposing scientific investigation. Probably from lack of any other occupation they are devoting their time to aiding their bill now before congress. The title of this bill is "Further Prevention of Cruelty to Animals in the District of Columbia." If they can get this passed, then the same principle can be made to apply to other states. Every physician should urge his congressman to vote against the bill. If the bill passes we suggest that hereafter experimentation be made on members of anti-vivisection societies.

The law of suggestion and its application are being carefully studied and investigated by physicians in all parts of the country. There is no use disputing the fact that the practitioners of various fads and isms get results and get desirable practice also. Of course their successful cases are functional derangements but this is a class of work which the physician can ill afford to lose. If there is anything in suggestion, and there is, the best thing for the medical man to do is to understand the matter and practice it and then the amount of practice which goes to the various "professors," etc., will be very limited. Dr. McColgan commences a series or articles in the Recorder this month, which we are sure our readers will find instructive and valuable. The editor of the Denver Medical Times nicely puts the subject in the following. "Every physician of any experience will acknowledge that suggestion lies at the basis of many of their cures and is the sum and substance of whatever benefit patients may derive from "Christian Science" and other forms of charlatanry. It is likewise self-evident that the more attention honorable physicions give to hypnotism in its various phases, the greater will be their percentage of cures and the less excuse for quacks. We understand that there are several good schools of psychology in the country and at least one legitimate periodical, Suggestion, published on hypnotism, so that physicians who desire to augment their power of doing good along this line may readily avail themselves of an opportunity."

We are prepared to furnish Suggestion and the Recorder both one year for $1:00. This gives a good opportunity to investigate this subject.

Send in your numbers of the Recorder for 1899 and 65 cents, and we will return you by prepaid express a volume nicely bound in black leather and cloth.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Formaldehyde in 1 to 2000 solution is a useful remedy in atrophic rhinitis.

Whenever you need anything optical write to the Johnston Optical Co., Detroit, Mich.

When you want reliable instruments buy of Sharp & Smith. None better are made anywhere.

Write to the Physician's Specialty Co., Pottsville, Pa., and they will tell you how to make some money.

If you will write the Western Medical Supply Co., of Chicago, you will receive an interesting price-list and some valuable samples.

Glycozone, Marchand's, is a remedy unlike anything else offered to physicians. It has a wide range of usefulness with which every physician should be familiar.

Eumetra has properties which make it a valuable remedy in various uterine troubles. The physicians who are using it in daily practice are well pleased with the results.

There is money in fitting trusses and the medical man who gives attention to this matter can make many an extra dollar. The first and important requisite is to have a truss which will hold securely and yet be easy. Dr. Buell's truss fulfills these requirements and is a satisfactory truss to fit. The Reliable Hernia Cure Co. will give any desired information regarding the truss, and also about fitting it.

Dr. Mulhall, the eminent laryngologist died recently at his residence, St. Louis. He was a well known writer on laryngological subjects, was expert in his specialty and had an international reputation as a skilful operator.

The H. M. Merrell Co. offers two great bargains this month. The prices in these offers are cheap but the goods are not, as the company makes only high grade goods. We have used both of the preparations and can testify to their elegance and efficiency.

Physicians can always be sure that pepto-mangan, Gude's, will never be offered directly to the public, but will be sold through the profession. The following is a clause in the contract existing between the manufacturers and the American agents: "And it is further agreed between Dr. A. Gude & Co. party of the first part, and the M. J. Breitenbach Co. party of the second part, that if at any time the said M. J. Breitenbach Co. should by device or by advertising attempt to increase their business in Gude's pepto mangan other than through the recognized channels to the medical profession then in such event this contract is to become null and void and all rights of the M. J. Breitenbach Co. existing under this instrument immediately become the property of said Dr. A. Gude & Co. without recourse to law.

Nuclein sustains and strengthens the whole body during any protracted sickness.

Investigate Sims' obstetrical brace, and you will find it to be satisfactory and desirable.

Send for free samples of milkine, the ideal prepared food, and after a trial you will always use it.

When prescribing a preparation of cod liver oil, remember that hydroline is palatable and easily assimilated.

As we go to press we have reports that small pox is raging in fourteen counties in Indiana. Hundreds of people have the disease and it is rapidly spreading. Several towns in Illinois, also have epidemics of the disease.

Dr. Jno. G. Keith, Leadville, says: "I am happy to be able to state that my patient shows a marked improvement. At the time he commenced treatment he was unable to induce an erection, and now he can maintain one for five minutes. This was brought about by pil. vigorans manufactured by the Detroit Alkaloidal Co., Detroit, Mich.

Echinacea is one of the newer remedies which has established its claim as a wonderful curative agent in cases of abscess, boils, carbuncles, erysipelas, septicemia and a host of other such diseases. The value of both echinacea and thuja has been presented by contributors in the Recorder during the past two years. These two remedies are combined in ecthol which is a reliable preparation made for professional use. Blood Dyscrasia is the title of a booklet sent out by Battle & Co., of St. Louis, which contains interesting clinical reports on its use. Any of our readers who will send for this booklet and a sample of ecthol will be pleased with the results obtained.

Guaiacol promises to be of use in the treatment of malaria. Dr. O. J. Whalen, of Chicago, has been using it in malaria with very pleasing results. In an article in the American Practitioner and News, he says: As to the treatment of malaria, quinine has been the great panacea. But there are obstinate cases of intermittent fever observed in which quinine has no effect, and this is especially true of the parasites that have been brought home by our soldier boys from Cuba. My friends tell me that nearly all their comrades are in as bad, or nearly as bad, condition as when they reached Chicago last September; that they have grown disgusted with doctoring; that all physicians do, or try to do, is to give them quinine, and that they are as capable of treating themselves as are the physicians. In patients with idiosyncrasy to quinine I have tried other drugs, the most important of which is methylene blue. It has no particular advantage over quinine, excepting that it is tasteless and can be administered to children more easily than quinine. During the past seven weeks I have been making a more or less extensive trial of guaiacol in the treatment of malarial fever, and from the result obtained I am of the opinion that in many cases it is a very valuable remedy, and that its therapeutic properties deserve wider recognition. The dose used by me in all cases varied from five to forty-five minims, beginning with five drops in capsule after meals, and gradually increasing the dose unless disturbance of digestion resulted from its use.

Doctor, do not miss the introductory offer of the Detroit Alkaloidal Company in this issue.

The Abbott Alkaloidal Company offer a unique calendar which will save you money. A good idea is to send for it now, while you think of it.

Dr. Becker's compound digest promptly relieves indigestion. It is a stomach tonic which not only relieves but cures.

It is claimed that five drop doses of concentrated tincture passiflora incarnata has cured obstinate cases of acidity of the stomach. Daniel's tincture is always reliable and our readers desiring to try it are advised to send for a sample.

Dr Wm. A. Hammond died suddenly at his home in Washington, D. C., Jan. 5th, aged 71 years. During the civil war he became surgeon general but was dismissed in 1864 for irregularities in awarding contracts. After this he practiced in New York city and taught nervous diseases in several of the medical schools. As a specialist in nervous diseases he merited the general opinion that he was an able expert. As a writer he was well known and his productions will live long after him. Some of his business methods did not receive the approval of the profession and lessened the high opinion of him, which otherwise would have been held.

Dr. Dudley S. Reynolds, of Louisville, Ky., condemns the Crede method of preventing ophthalmia neonatorum. He says that infection rarely, if ever, occurs in the process of delivery, but is caused by the handling of the eyes by the nurse, or the use of Crede, or some other mode of prevention. He says the main thing is the frequent and thorough washing of the conjunctional membranes and that "He who cleanses well cures well." There is no question but that thorough cleanliness is the main thing in these cases, however we think some germicide is also necessary. Protoragol in 10 per cent. solution is a good application and is not a severe treatment like silver nitrate. For both cleansing and antiseptic purposes zymotoid is very efficient and is as harmless as water. The zymotoid can be used with half or three-quarters water and as freely and as often as desired.

Dr. J. A. De Armand, of Davenport, Ia., nicely presents the claims of the antitoxin treatment of diphtheria in the Medical Summary. In concluding the article, he says:

If treatment is had in time, only such cases will prove fatal as lack the vigor to withstand any trying ordeal. When the poison accumulates in the economy to the extent of attacking the vital fluids all the treatment is futile. Putting aside all statistics as unreliable and capable of misconstruction and abuse by friend and foe alike, let the seeker after truth test antitoxin, never once forgetting that its use involves a surgical operation, and if he be faithful and careful he will soon pin his faith to the remedy and will approach the case of diphtheria with the confident tread of one who knows the weakness of the enemy, and who holds in his grasp the means of its dethronement.

A poor man died suddenly in New York city recently. The newspapers have been telling about it since. He had a hard struggle for happiness. He was poor indeed. There was trouble in his home constantly. Death took his oldest boy at manhood's threshold.

Another son was estranged and lived apart. A brother's home was clouded in scandal. Paralysis put its grim touch upon his own body and he walked these years nerveless and limp. He scoured the sea and land for rest, worked overtime and spent ten minutes only for a full lunch hour. His home was threatened by envious fools. His small possessions—a few millions, more or less, of money—brought him care and vexation. Insomnia banished sleep, rheumatism racked his frame and at the board meetings he sat as lifeless as a mummy in its grave clothes. His name was Vanderbilt and his poverty was great. There are a thousand men in this good town who had larger wealth than he who held railways in his enfeebled grasp—larger wealth in all that makes life worth living. And now death has claimed the poor man. Yesterday, a millionaire and worshipped by the silly fools whom gold dazzles as the candlelight the moth; today, a pauper, and tomorrow, dust. A sick slave has died. And the whole world struggles madly for his empty place!

The above is reprinted by the American Medical Journalist from the Columbia (Mo.) Herald, and contains a world of truth. It may be some satisfaction to the poor medical man, who has felt envious of the Vanderbilt millions, to know that his life has been far richer in enjoyment to himself and his fellow men than Vanderbilt's.

The Raven, a new venture in the journalist field, is a magazine of literature and medical matters for physicians. Dr. Ralcy Husted Bell edits The Raven, which is the successor of his Magazine of Medicine. The Magazine of Medicine was an elegant medico-literary journal which was not appreciated by the profession. In our opinion, too much Ingersoll killed it and the same thing is likely to injure the Raven. Dr. Bell is a literary genius and a talented writer but we think he will again find that the profession will not support a journal of Ingersollism. The following heads the editorial department: There are hundreds of medical magazines published in this country dealing out to doctors virtually the same stuff. The Raven will not add materially to this line. The field is broad enough to cultivate a variety—in this respect, The Raven will divorce the general rule. In a word, The Raven will do about as it pleases anynow; no attempt shall be made to please everybody. It will make every legitimate effort to be well thought of by good people—folks with sense. It shall always be glad to serve its friends, with the understanding of course, that even friends are not always expected to think alike on all subjects. Those who do not relish The Raven may eat crow, for all The Raven cares. And so in the words of Dr. Wm. Colby Cooper, "as she slips she slides!" and that's all there is to it, this time. Next time you'll know more.

That codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung and throat affections, was noted before its true physiological action was understood. Later it was clear that its power as a nervous calmative was due, as Bartholomew says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract. The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some products of the

coal-tar series are safe, while others are very dangerous. Antikamnia has stood the test both in the laboratory and in actual practice and is now generally accepted as the safest and surest of the coal-tar products. Five grains antikamnia and codeine tablets, each containing 4¾ grains antikamnia, ¼ grain sulph. codeine, afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.

One of the accomplishments of the year just past has been the recognition of the fact that the mosquito is the host of the malaria parasite and that man is inoculated with malaria by the mosquito. Ross, Manson, Grassi, Bignami, Bostianelli, and others have investigated the subject and have reached this conclusion. Dr. Wm. N. Berkeley of New York has carried on some original investigations on the subject and has reported his results in the Medical Record. It has been demonstrated that it is not the common mosquito Culex but the Anopheles which carries the malaria infection. Some seven species of the latter are known, the Anopheles annulimanus being found in Wisconsin. Dr. Berkeley has investigated carefully the Culex with negative results and concludes that it is the Anopheles which carries the parasite. Ross has called the Culex a "pot mosquito" and the Anophelex a "puddle mosquito" because the former prefers to lay its eggs in pots, pans, barrels etc., while the latter prefers pools, puddles, and marshy places.

Dr. Berkeley says in concluding his article:

As to the limits of temperature favorable to the growth of the malarial parasite in the mosquito, it has been found by Grassi and others that about 30 degrees C. (86 degrees F.) is most satisfactory. Koch believes that a night temperature in rooms 24 degrees to 25 degrees C. (77 degrees F.) will be found a minimum. Culex in my experience dies quickly in an incubator kept at 37 degrees C., though my experiments were too few to exclude other possibly unfavorable circumstances.

There are numerous questions for which the investigation has so far found no answer. The role of the "black spores" is still a mystery. Whether or not mosquitoes directly infect one another or their larvae, and whether the infected adult bequeaths the disease to the ovum, has not been determinated.

A still more vital question is, are there other modes of malarial infection than by the bite of suctorial insects? Ross, Manson, and Koch, whose wide acquaintance with similar biological processes elsewhere makes their opinion wellnigh a scientific induction, have unanimously answered in the negative.

The vast commercial and economic interests involved in the question whether malaria can be exterminated need be little more than mentioned. It seems likely that the problem will hinge on the destructibility of Anopheles. A large literature on the subject is already in print, to which there is no space here to allude. The plans comprise briefly: (1) drainage of breeding pools; (2) destruction of the larvae and adults with chemicals, e.g., kerosene and pyrethrum; (3) the cultivation of fishes in the pools, or of other insects like dragon-flies that make mosquitoes their prey. One point of urgent and immediate practical value is that the malarial patient should be isolated from mosquitoes and considered a source of danger both to family and community so long as he has germs in the peripheral blood.

## GLEANINGS

### FROM RECENT MONOGRAPHS.

In this department we present some of the good ideas from late monographs, of which we receive a great many, some of which have never been published in a journal. We invite medical authors to send us copies of their monographs; while our space does not permit us to refer to all the valuable ones received, yet we shall mention as many as possible. We invite our readers to discuss in the pages of the Recorder, the ideas here presented.

MOVABLE KIDNEY.—By A. E. Halstead, M. D., Chicago.

Dr. Halstead in this monograph gives a good review of what is known relating to the subject. We quote the following regarding the treatment;

In considering the surgical treatment of movable kidney, it may be remarked that the medical treatment, particularly the Weir Mitchell rest treatment, can be classed only as palliative measures. Temporary improvement often results but relapses occur as soon as the erect position is resumed. The treatment by application of abdominal supports or pads is also palliative, and probably never effects a permanent cure. In fact, once a kidney becomes dislocated nothing short of surgical measures and the direct fixation of the organ will hold it in place.

The aim of this paper is to advocate fixation of the kidney in (1) all cases when, after a fair trial of the palliative measures the symptoms still persist; (2) immediately in all cases where the occupation or habits of the individual preclude the possibility of benefit being derived from abdominal supports. In these cases no time should be lost in temporizing measures, but operative treatment should be resorted to in the beginning.

The operative measures for the fixation of the kidney are to-day practically limited to extraperitoneal nephrorrhaphy as first practiced by Hahn and published by him in 1881. Many modifications of the immediate means employed in attaching the kidney to the abdominal wall have been advocated from time to time, but the operation is to-day essentially the same as the one devised by Hahn. The usual curved lumbar incision is made from the twelfth rib downwards along the border of the erector spinæ muscle, and forwards and inwards over the crest of the ilium. The kidney enclosed in its fatty capsule is exposed, and the capsule drawn into the wound. The succeeding steps of the operation, which comprehend the method of fixation of the kidneys, are not carried out by all operators alike. Of the most generally available means of uniting the kidneys to the abdominal wall may be mentioned: (1) Union of the adipose capsule opened or unopened to the edges of the incision; (2) free exposure of the kidney by incision of the fibrous capsule, and suture of this capsule to the abdominal wound; (3) denudation of the kidney by stripping back the fibrous capsule along its convex border and fixation of the kidney by means of sutures passed through its parenchyma. To these may be added the method of Senn, in which he exposes the kidney, denudes its convex border, and then fixes it in place by strips of gauze passed around the kidney and brought out through the lumbar wound.

Another means of fixation of the kidney which may be mentioned is that advocated by Schachner and tested experimentally on the dog. This consists in making a pouch or pocket between the internal oblique and the transversalis muscles, in which the kidney is placed. His experiments with this method on the dog were not very successful. He, however, regards the operation as practicable in the dog, but questions its applicability in man. It has not been attempted so far as I know on the human subject, and would seem to be open to serious objections. The great danger of trauma to a kidney firmly fixed between

the muscles of the abdominal wall would be sufficient to prevent its general adoption. Experimentally on the cadaver no difficulty is encountered in making a pocket in the anterior layer of the lumbar fascia in which the kidney can be placed; but this in the live subject would not appear rational. In case the kidney became firmly fixed the pain occasioned by pressure upon it by the contracting abdominal muscles would probably be greater than that due to the mobility of the organ. It must be remembered in this connection that the kidney is not under normal conditions immovably fixed behind the peritoneum, and that in our efforts to retain the kidney in place it is possible that the pain which occasionally persists after operative measures have been employed may be due to an absence of its normal movements.

In this connection may also be mentioned the method employed by Pean of suturing the parietal peritoneum to the transversalis fascia and thus forming a pocket or support for the kidney. This does not appear to have given satisfaction.

The method of fixation of the kidney to the abdominal wall which has up to the present time given the best results (as shown by the statistics of Sulzer and others) is that of opening the fatty capsule, pulling as much as possible out of the wound, and then cutting off the superfluous tissue. After this the fibrous capsule is split along the convex border of the kidney and the edges stripped back from the kidney for a short distance. Sutures, preferably of catgut, are then passed through the cut edges of the anterior layer of the lumbar fascia, the fatty capsule, and the fibrous capsule. The kidney is further supported by strips of gauze packed around and below its lower pole. The abdominal wound is then closed excepting at its lower angle, where the gauze strips are brought out. The gauze packing should be allowed to remain for five or six days at least. After the operation the patient should be kept in bed in the horizontal position for six weeks, during which time the general health should be improved as much as posssble.

We must admit that the operation of nephrorrhaphy or nephropexy with the present method of fixation of the kidney is not all that could be desired, although the results are far from being bad. It would appear that from the suggestion offered by Wolkow and Delitzin regarding the surgical treatment of this disorder efforts should be directed toward the restoration of the contour of the paravertebral fossæ.

The intraperitoneal operation for the relief of movable kidney has been abandoned. Sulzer considers an intraperitoneal fixation justified in cases where there arises a question of diagnosis, or where the kidney is adherent to some other abdominal organ. In either case it would be better after exploring the abdomen and freeing the kidney to close the peritoneal cavity and reach the kidney through the extraperitoneal route.

CONSTIPATION—ITS TREATMENT BY THE MECHANICAL MEASURES, by H. Illoway, M. D., New York. Reprinted from Medical Record.

In a paper on "Constipation—Its Treatment," read before the County Medical Association in 1894, I advocated that in habitual constipation the mechanical methods of treatment should be employed as the most appropriate and the most successful, an opinion justified by an extensive experience with the diverse other methods that depended upon the administration of drugs in one form or another. Later on, in my book on "Constipation in Adults and Children," these mechanical measures were set forth in detail and the methods for their systematic

employment fully described, with other necessary hygienic and dietetic regulations that both physiological investigation and long experience had demonstrated to be of great assistance in the furtherance of a cure. It was also shown therein that it was the consensus of the most eminent clincians that only by these measures could the trouble be at all overcome in cases of any duration.

Numerous articles have appeared in various prominent journals advocating one or the other of the mechanical measures, and setting forth their superiority over the plans of treatment hitherto in vogue. Thus Le Marinel set forth the advantages of massage, as had already been done by Schreiber, Reibmayer, and others, in an extensive paper with a long table of cases treated. In the *Journal du Praticien*, 1896, appeared a long article by Dr. Courtade, on the treatment of constipation by electricity and the mode of application of the same, and affirming its success, as had already been set forth by Erb and repeated in treatises on electricity since published.

However, as with all measures that are not directly surgical or do not pertain to the administration of drugs, the profession in general has been rather slow in taking up this mechanical method of treatment, and we still find throughout the periodical medical literature various formulæ given and special methods of administration of the various cathartics described for the successful treatment of constipation, and all more or less fulsomely lauded for the success achieved, which in absolute truth are as powerless as the others that have preceded them. This is indeed the more strange, as already some forty years ago that eminent clintcian Trousseau recognized the impossibility of achieving anything with the whole line of laxative and purgative drugs, and so proclaimed and taught.

There can be no question that the successful treatment of constipation is a very important matter to the afflicted, not alone for the discomfort the condition causes, but more so for the reason that it undoubtedly is the *fons et origo* of many grave ailments that may even led to the endangerment of life, as has been fully set forth in the chapters on the "Consequences of Constipation" in the book referred to. There is, for instance, appendicitis. It is beyond a doubt, as has been there fully shown and as has been confirmed by Deaver in a later article on "Some Mooted Points in the Pathology of Appendicitis," that in the great majority of the cases appendicitis is due to a previous and more or less long-continued constipation. Then, again we have disease of the kidney. Mahomed ascribed to constipation a decided etiological influence in the production of Bright's disease in the course of a scarletina. It is more than likely that long-continued constipation may, at times, give rise to conditions that ultimately lead to disease of these organs, perhaps the most serious that can befall the human being.

Case—June 9, 1897. M. J. ——, male, aged twenty-seven years, stoutly built young man; five feet eight inches high, weight one hundred and sixty pounds, clerk. He always enjoyed good health until two years ago, when he had an attack which was said to have been typhlitis. The physician who attended him employed, among other things, rectal injections, which brought away enormous quantities of fecal matter. After the lapse of some time he was able to be up and about. April 10, 1897, he had another attack, which, according to his statement, was in all respects like the first. He eats well and always has a good appetite. His bowels have been constipated since he was eight years old, when he began to work. He does not know how the condition became a

habit. He has used purgatives regularly, and therefore is at a loss to account for the large accumulations evacuated as above mentioned. He was formerly much given to athletic exercises, riding a bicycle, jumping, etc., but since the attack of typhlitis he does not ride the bicycle, and he has to be otherwise careful in his movements, as any unusual motion, as jumping off a car, will cause pain in the right inguinal region. Since the attack above mentioned, he has had spells of bad breath. Occasionally he has headaches, not pains but rather a dulness, heaviness of the head.

Examination: Stomach normal. Abdomen: Inspection shows nothing abnormal; palpation reveals a dense, broad induration in the right inguinal region, extending from the right anterior superior spine of the ilium forward towards the umbilicus, eight centimetres in width, and downward and forward, following the curvature of the region to the linea alba, six centimetres in length. The part is not sensitive to light superficial palpation, but a more forcible stroke, with deeper pressure, will cause him to wince, showing tenderness.

I was rather in doubt whether anything could be done, but concluded to make the trial.

Treatment: Dietary regulations; hydriatic applications over the seat of induration; massage; electricity. Over the seat of the induration the massage was at first very light, just skimming over the surface and merely intended to stimulate the circulation and thus effect, if possible, an absorption of the exudate.

June 26th.—The bowels began to act spontaneously to-day. He had a large natural, spontaneous movement this morning.

September 16th.—The bowels are moving regularly every day. The induration in the groin has disappeared entirely.

He remained under treatment—that is, the mechanical applications were made at intervals of from three to ten days, until February 14, 1898, when he was discharged. His bowls have continued to act regularly. I saw him but lately, and he informed me that he is perfectly well and last summer took a long bicycle trip through the Eastern States.

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Dr. Illoway gives the history of five cases treated in this manner but the above history of one case illustrates the method. The mechanical treatment of constipation is something which we would urge physicians to investigate as it will give results in cases where drugs fail. There are numerous cases where mechanical means combined with other therapeutic measures will be successful. The success, which the practitioners of some of the prevailing fads certainly secure in treating constipation, is due to massage and suggestion. Dr. Doherty, of New Haven, in an article in the 1898 volume of the Recorder, page 199, gave a useful summary of the methods of treating constipation and showed the value of mechanical treatment.

TABES DORSALIS,—PATHOLOGY, DIAGNOSIS AND TREATMENT, by C. L. Dana, M. D., New York.

The following is abstracted from Dr. Dana's treatment of tabes: Treatment, anti-syphilitic, tonic, thermal baths, electricity, massage, cord-stretching, spinal counter-irritation. Hypodermic injections of corrosive sublimate 1-20 grain once or twice a day. Grains xxx of iodide of potassium daily, later 300 grains a day, if possible: continued for about four weeks. A warm bath twice a week. Patient receives the tonic treatment of iron, phosphoric acid, glycero-phosphate of lime or soda, grains xi, daily. Counter-irritation to spine by the cautery.

## THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

REFRACTION AND HOW TO REFRACT, including Sections on Optics, Retinoscopy, the Fitting of Spectacles and Eye-Glasses, etc. By James Thorington, A. M., M. D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic and College for Graduates in Medicine; Assistant Surgeon at Will's Eye Hospital, Associate Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia; Member of the American Medical Association; Ophthalmologist to the Elwyn and the Vineland Training Schools for Feeble-minded Children; Resident Physician and Surgeon Panama Railroad Co. at Colon (Aspinwall), Isthmus of Panama, 1882-1889, etc. Two hundred illustrations, thirteen of which are colored; octavo, 301 pp.; $1.50 net, cloth. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa.

Some idea of the scope and purpose of this book can be obtained from the following extract from the author's preface:

"In the preparation of the manuscript and in arranging these pages the writer has planned to be systematic and practical, so that the student, starting with the consideration of rays of light, is gradually brought to a full understanding of optics; and following this, he is taught the standard eye, and then is given a description of ametropic eyes, with a differential diagnosis of each, until finally he is told how to place lenses in front of ametropic eyes to make them equal to the standard condition.

"By being dogmatic rather than ambiguous, with occasional repetitions to avoid frequent references, and by simple explanations, and a definite statement of facts, the writer has aimed to make the text more concise and comprehensive than if encumbered with lengthy mathematic formulas or with any discussion of disputed points."

This is one of the plainest and most practical books ever published on the subject. Everything is presented in such a clear, concise manner that a beginner can use the book; yet it also has so much practical matter packed in it that the advanced refractionist will often refer to it. One chapter is devoted to retinoscopy and lucidly explains this important method of refraction. Another valuable chapter is the one devoted to muscles. One chapter tells how to accurately adjust frames, which is a most important matter, as often a proper lens loses its efficiency by being set in an improperly fitted frame. Every physician desiring to read up on refraction should have the book, and every refractionist should have it in his library.

THE INTERNATIONAL MEDICAL ANNUAL FOR 1900 will soon be issued by E. B. Treat & Co., 241-243 West 23d St., New York.

The Annual is a standard work of reference in all parts of the world, and its value is endorsed by the medical press of every country. It is entirely owing to the large circulation that it is possible to give the practitioner a handsome volume, freely illustrated in colors and in black and white, with the articles written by well-known authorities, at a low price. This year's Annual has forty contributors, among whom are W. Gilman Thompson, A. W. Mayo Robson, E. Hurry Fenwick, Henry P. Loomis, Thos. More Madden, Graeme M. Hammond, J. Dundas Grant, Boardman Reed, Robert Jones, A. H. Tubby,

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## ORIGINAL ARTICLES.

### THE DIAGNOSIS OF DISEASES OF THE STOMACH.

LECTURE DELIVERED AT JENNER MEDICAL COLLEGE.

By Walter B. Metcalf, M. D., Prof. of Diseases of Stomach and Intestines, Reliance Building, 100 State Street, Chicago.

CLINICAL HISTORY.

[Continued from last December.]

The first thing for us to do is to make inquiry of the patient as to the locality of his disturbance. The patient's statement, though often incorrect, is of the greatest value in making a diagnosis.

We ascertain from him if he has pain, or headache, or pain in the back corresponding to the ninth rib, as this pain is very characteristic with neoplasms of the stomach; also always present in gastric ulcer it being of a very characteristic nature, sharp and shooting. This pain, though present in an area two and a half inches above the umbilicus, is present in cases of cancer, but will often enable us by that one thing alone to make a diagnosis. The evidence of pain is elicited only from the patient or from the patient's friends.

Pain may mean most anything, as suffering, etc. It is spoken of in cases of grief, but pain as we consider it from the standpoint of making a diagnosis, is as some one has said, the cry of a starving nerve for food. There are several kinds of pain. We may have a sharp, shooting pain, as in gastric ulcer, the distress following a full meal, the poor nerves being called upon to support more pressure than they can stand, the dull, heavy pain following retarded digestion, the pain as a result of gastric fermentation causing a distention of the stomach resulting in great distress, the pain following ingestion of poisons, the ingestion of extreme of heat or cold, the pain following the ingestion of foreign bodies.

There are also those very characteristic pains in the small and large intestines, the pain accompanying constipation, the pain accompanying fermentation, the pain accompanying severe diarrhea, accompanying intes-

tinal indigestion, the severe pain in tumors, in growths causing obstruction of the bowels, as a result of mechanical injuries of the intestines, and that very severest pain of all which we find in appendicitis and suppurative inflammation of the bowels.

Another very characteristic symptom of the derangement of the digestive tract is headache. Probably there is no more common cause and by its nature, severity and duration it can be differentiated from brain tumors, headache as a result of eye strain or nervous affection. Always inquire for these symptoms. It is present at some period or other in the course of most acute and many chronic cases. We speak of a headache as being slight or most intense, superficial or deep. It may be more or less confined to a particular part, as a headache in the temple, forehead, occiput or vertex. Sometimes the pain is also limited to one spot producing the sensation as if a nail were being driven into the head. Also cases of great fulness, the patient describing it as feeling as though the top would fly off. We have also the so called sick-headache migraine, a headache of a purely periodical character, generally ushered in by some premonitory spmptoms, frequently associated with biliousness and vomiting. We will discuss this disease later in our work.

With the exclusion of syphilitic ulcers and primary diseases of the mouth, ulcerative stomatitis, or sore mouth, or as we often say, canker sores in the mouth or on the tongue. These are always the sign of digestive disorders and will often be the only thing complained of by the patient. In these cases always inquire as to the diet and if there be any disturbances before and after the meal.

### THE TONGUE.

I wish to call your attention especially to the tongue as an aid to making a diagnosis in diseases of the stomach and intestines, and I would suggest that you buy a book written by Dr. Dickenson on The Tongue as an Indication in Disease. To look at the tongue is one of the first acts of a clinical examination and often affords a key to a diagnosis, and serves as a very tangible guide board to direct you to the disease and upon which you can read the result of your treatment. I give you these now that you may be familiar with them before we come to the diseases in which they are considered before making a diagnosis. In acute gastritis we find a strikingly red and irritable appearance of the tongue. This is especially so at the end and edges. We will also find the papillae very much enlarged, the tongue having a tendency to dryness. In chronic gastritis we find the tongue foul, thickly coated, retaining the impression of the teeth, is readily stained by drugs, usually red, broad and flabby. We find the papillae at the margin of the tongue raised. In cancer the tongue is thickly coated, especially in the morning, with a tenacious white fur which is scraped off with difficulty and will re-appear again within a very short time. In gastric ulcer the tongue may be clear, but as a rule we find it red, smooth, moist and covered at the base with a thin white fur. The margins often have a strawberry appearance. In neurasthenic and mental cases we often find a tongue with a heavy white coat which yields to no treatment of the digestive tract, a mistake that is very often made in trying to treat this class of cases. This coating is often so long and so dry that the patient will speak of its feeling as though it waved back and forth as they breathed out of their mouth. We will not discuss at this time the conditions of the tongue in cases of alcoholism and the various febrile states.

[To Be Continued.]

## REMINISCENCES OF SOME CASES OF INGUINAL STRANGULATED HERNIA.

By Harvey J. Chadwick, M. D., Grand Rapids, Mich.

To see a real case of strangulated hernia is interesting and exciting to the young practitioner of medicine; to be able to reduce it is a joy unspeakable to patient and friends, for if the incarcerated gut is not freed from the firm grip of the muscles of the inguinal canal, a painful and slow, conscious death is certain. So then every physician will be pardoned if at his first call to attend a person with strangulated hernia he should get a little chilly in the back and unsteady at his knees.

The first case I call to mind was that of a wagon maker who had forsaken his shop long enough to slaughter his winter's pork. While lifting the animal to its hanging place in a tree he felt a sharp pain in his iliac region. He got no relief by resting, but the pain grew deeper and more intense. He sent for his family physician who poulticed and gave a great variety of remedies, but the patient after three or four days began to bloat and vomit. I was called and immediately discovering the peritonitis and seeing the vomiting, requested council, and we decided, as was quite evident to any practiced eye, that there was an obstruction somewhere in the course of the intestines. There was not the first sign of a tumor in the inguinal canal. If he pointed to where his pain was it would be about half way between the umbilicus and the anterior spine of ilium. If exploratory incisions had been practiced then as commonly as they are now, I have no doubt we would have opened the abdomen and discovered the offending portion of the intestine. As it was we decided all we could do was to make the patient as easy as possible and let nature take its course, which was that in about three days he died. We made a post mortem examination and found engaged a knuckle of intestine about an inch long, just inside the internal ring. Evidently a beautiful case to have operated as there was no suppuration, and if the obstruction had been accurately determined even when I first saw the case, four days after the accident, this patient's life might have been saved.

My second case was an amusing one. A boy about twenty years of age was taken with severe pain in the right inguinal region and from former experience with his father who is ruptured they were led to the conclusion that the boy had a strangulated rupture, and they sent for me expressing their fears. I concluded from what they said they were right and immediately telephoned for another doctor in a neighboring town to assist me, for I intended to cut down on the confined intestine and liberate it. The doctor was on time and we met seven miles in the country at the patient's house. On going into his room we discovered they had been using everything in their power to reduce the supposed hernia. Among the means used they had his feet tied up to the headboard about four feet from where his shoulders rested on the bed. I did not even stop to make an examination. I took it for granted their opinion of the case was correct, and ordered my assistant to give chloroform immediately and in a few moments the patient was easy in sleep. You can imagine my feelings when I tell you I found the scrotum empty but in the mouth of the external ring a hard, unyielding tumor about the size of a walnut which could not be shoved up or down. I could not restrain a hearty laugh for I recognized it as his testicle. When three or four years old he had some operation on the opposite side, I think for hernia and this had set up an adhesive inflammation in the region

of the right testicle so that its natural dsecent had been interfered with and it had made a very comfortable bed out of harm's way in the inguinal canal.

Case number three was a rough, pugilistic riverman who had come six miles to town after suffering much and trying to put back his descended rupture. He was a pitiful sight to behold, stripped, almost crying with pain and fear, a tumor extending from Poupart's ligament to the lower end of a large scrotum, hard as if it would soon burst, half as large as your head. It seemed ridiculous to attempt to reduce it by taxis, although we tried for some time. We decided nothing could be done only to cut down and sever the contracting portion of the canal. With this mind we gave him a hypodermic tablet of morphine, ¼ gr., atropia 1-100, loaded him into a wagon box half-full of hay and sent him home over a rough road where we followed him in about two hours. Imagine our delight on going into the house and then into his room to find him comfortable in bed, greeting us with a smile, his intestine in the normal position inside the abdominal wall. Here the morphine and atropia had allayed the irritation, relaxed the spasm and the jolting of the wagon had answered better than taxis.

The last case I will report is one that happened about three months ago. M. D., a coal dealer, while on the street felt his rupture slip by the truss and soon began to experience considerable pain, but before replacing it waited till he got home, in the meantime sending for Dr. Fuller. When the patient arrived at home the doctor not being there, I was sent for. I found a right inguinal strangulated hernia, presenting a tumor about the size of your double fists. The patient had made several attempts at reduction but failed. I had just begun taxis for its reduction when Dr. Fuller came in. He had his thighs elevated over the foot of the bed and manipulated the rupture for about a half hour with no improvement. I then gave the patient an anesthetic and the doctor worked about an hour longer. He succeeded in reducing the rupture to the size of an almond, but he was conscious it had not been completely reduced. He applied a truss and left him till the next morning, when Dr. S—— was called, who tried by dilitation and inflation of the lower bowel to disengage the incarcerated gut with no success. It was then determined that the only thing to do was to cut the bands. So at two o'clock Sunday afternoon—the strangulation occurred Saturday afternoon—we were all ready for operation. An operating table was devised by taking the dining table and covering it with quilts and aseptic sheets. I gave the anesthetic and Dr. Fuller was assisted by a nurse and the family physician. He made an incision carefully over the most prominent portion of the sack down to the peritoneal covering, incising this and holding the edges on either side with dressing forceps, the intestine bulged into the opening about three inches in length, about the color of beef liver, showing that extreme congestion and beginning dissolution of the intestine was rapidly taking place. A question here arose whether it would be best to try and revivify the parts with salt solutions and drop them back into the abdominal cavity, or completely sever the diseased portion of intestine and make an end to end anastomosis. The conclusion was quickly reached that the safest thing to do was to extirpate the diseased gut and sew the two ends together. In these days of Murphy buttons and various other contrivances to hold the freshened ends of the intestine in juxtaposition, it was interesting to watch the termination of this case. After seeing the doctor sew the two ends together with a continuous suture,

passing the needle through the mucous and muscular coats of the intestine, beginning at the bottom and sewing from within out with an overlapping stitch till he had completely encircled the lumen of the two ends, holding the intestine firm, with the lower end of his suture drawn taut with his left hand while he took another stitch with the free upper end where the needle was attached. A piece was taken out of the omentum and the two edges stitched together at the time he sutured the serous coat of the intestine. The external incision was then closed without flushing the abdominal cavity or leaving any drainage tube, and the wound covered with the usual antiseptic dressing; the patient was kept in bed on liquid diet for about one month. The incisions are now all healed and the hernia cured and the patient apparently better off than he was before the strangulation was apparent.

## THERAPEUTIC SUGGESTIONS.

By Edw. C. Rothrock, M.D., Tennessee Colony, Tex.

Third Paper.

### CIMICIFUGA RACEMOSA.

Cimicifuga is also known as macrotys, rattle root, black snake root, squaw root, black cohosh. It is a native of the United States growing in shady rich groves. The root is the part used, although the seed is also medicinal. The color of the root is dark brown and it yields its virtues to boiling water, more so to alcohol or ether.

Black cohosh is a very useful remedy, active and prompt in relieving and curing disease. Its effect is powerful in those troubles where it is indicated, exerting great influence over the nervous system. We have used it in chorea, epilepsy, convulsions, asthma, pertussis, nervousness, etc. In chorea 30 to 40 drops three times a day, of the fluid extract is curative. It is especially useful in epilepsy and convulsions. In asthma and pertussis, its tonic antispasmodic action is well marked, allaying cough, soothing pain and irritability, lessening tendency to cerebral irritation and congestion. It is of great use in febrile and exanthematous diseases in children. Its antiperiodic virtues are sure and prompt in intermittent and remittent fevers. It often produces diaphoresis and diuresis, if the dose is frequently repeated In ophthalmitis, it is of service and frequently will cure without local application.

In phthisis pulmonalis, it is useful, allaying cough; in acute rheumatism it is of great benefit, and is frequently prompt in relieving neuralgia. We have used it successfully in phlegmasia dolens.

In amenorrhoea, occurring in rheumatic subjects, or from cold, as getting feet wet, aconite one to two drops every four hours with fluid extract cimicifuga, 30 drops, will act promptly in bringing on the flow. In delay of first menses, pulsatilla, 5 drops three times a day alternated with cohosh: if anemia, then helonias dioica, with iron, is indicated with cohosh: if indigestion is present nux vomica, 2 drops three times a day before meals, will have excellent resuits. In dysmenorrhoea, fluid extract cimicifuga, 15 to 20 drops, every three hours will relieve the congestion If hemorrhoids complicate with pelvic congestion, collinsonia 10 to 15 drops every two hours, alternated with cimicifuga, will act nicely. In the spasmodic type, then fluid extract gelsemium 6 to 8 drops alternated every two hours or fluid extract viburnum prunifolium. Cimicifuga is a power in relieving congestion. If discharge is profuse and pain severe, alternate with cannabis indica, 3 to 5 drops.

Treatment in inter-menstrual periods is essential to cure. Senecio aureus, caulophyllum thalictroides and helonias in proper doses, 30 drops of fluid extract of each three times a day is a radical cure in the painful affections. In leucorrhoea, if debility and anemia, fluid extract aletris farinosa 10 drops every four hours, with or alternated with cimicifuga. If pain in hips and back with constipation and hemorrhoids alternate with collinsonia or fluid extract aesculum hippocastanum, 5 drops. If discharge like white of egg, saturated solution muriate ammonia, 15 drops three times a day will aid in the cure. Syringing out the vagina with permanganate potassium, 3 grains to one ounce water, twice a day is of great benefit. If pruritus is present, collinsonia, 10 drops, alternated with fluid extract pulsatilla, 3 drops every three hours is indicated. The following is an effectual application for pruritus:

℞ Hydrastis Canadensis, F. E. ʒi.
Glycerine, ʒi.
Aqua, ʒi.

Fluid extract cimicifuga, 20 drops three times a day is invaluable for uterine leucorrhoea. In vaginal leucorrhoea local applications of marigold water and glycerine, equal parts. is very effectual, used twice a day.

Cimicifuga has an especial affinity for the uterus and appendages and as a partus-accelerator it is a good substitute for ergot, 30 drops fluid extract can be given in water every twenty minutes until the expulsive action of the uterus is induced, which seldom fails to bring on prompt and powerful pains. After labor it will effectually calm general excitement of the nervous system and relieve after pains, given in small doses.

In over doses it produces vertigo, nausea, vomiting, impaired vision, reduced circulation. Green tea, strong coffee or whiskey-toddy will control its narcotic effects.

In corneitis with intense ciliary neuralgia, cimicifuga, 20 drops alternated with fluid extract gelsemium, 15 drops every three hours will relieve. Phlyctenular conjunctivitis is helped by cimicifuga. If pain in ball of eye, dull headache, fluid extract cimicifuga, 6 to 8 drops every three hours will give relief. If pain is of neuralgic type, gelsemium alternated will do good, also fluid extract belladonna, 2 drops, is indicated. Small doses should be given three times a day. If photophobia is present, fluid extract spigelia, 20 drops every three hours, alternated with cimicifuga racemosa, will be of the greatest benefit in relief of the eyes.

### PULSATILLA-PASQUE FLOWER.

Anemone pulsatilla or meadow anemone is an herb found in Europe. The leaves are used and are collected soon after flowering. There are three varieties: anemone pulsatilla, anemone pretensis and anemone patens. The first two are indigenous to Europe, while the third is native of the United States. All are inodorous, very acrid, containing an acid oily substance which seperates into anemonin and anemonic acid.

Pulsatilla is a paralizer of motor and sensory nerves, a gastro-intestinal and cutaneous irritant, respiratory and cardiac depressant, produces diaphoresis and diuresis and dilates the pupils. It resembles aconite in action, applied locally causes numbness and tingling and may excite inflammation.

An over dose of pulsatilla produces vertigo, nausea, vomiting, looseness of the bowels and bloody urine. Treatment is alcohol and ammonia.

Pulsatilla is an efficient remedy, if a good preparation, which must be fresh, is used. It is used to great advantage in uterine affections, dyspep-

sia, coughs, cutaneous affections, epididymitis, otitis, rhinitis; conjunctivitis is frequently cured by its use. We have used it with with great success in coryza, otitis, cataracts and opaque cornea. Urethritis, gleet and orchitis are often cured by its use internally and locally.

A week ago we cured a case, a young married lady, whose micturation was difficult and painful. She was ordered pulsatilla, 2 drops and fluid extract digitalis 2 drops every three hours, and was well in two days. Pulsatilla alone will often cure such cases.

It is prompt and certain in all inflammations of mucous membranes with mucous or muco-purulent discharge. We can often control and dissipate epididymitis with fluid extract pulsatilla, 5 drops every two hours, and following lotion applied to parts:

℞ Fluid Extract Pulsatilla, ℥i.
Water, ℥i.

In solution it is very useful in tinea capitis, scald head, ulcers, caries, indurated glands, and venerial nodes, used externally. In dyspepsia, white coated tongue, no taste, nausea, flatulence, heart-burn, fluid extract pulsatilla, 5 drop doses every three hours will often relieve. Alternated with sulphite sodium, 10 grs. in plenty of water this is good treatment. If tongue presents a dark red appearance, an acid should be used in place of the sodium. Irritative cough of spasmodic type, whooping cough, pulsatilla in one or two drops every two hours often act miraculous; or anemonin ¼ to 1 grain every two or three hours.

It is said to be a good teniafuge and will expel tape worms but we have had no experience with it used thus.

In acute meningitis it is useful and can be alternated with fluid extract gelsemium, 10 drops every two or three hours. In amenorrhoea, delayed menstruatian in rheumatic cases, from colds, etc., pulsatilla, 5 drops four times a day will bring on the menses. Alternated with cimicifuga fluid extract, 10 drops, or fluid extract aconite, 1 drop will be frequently of great benefit in some cases when indicated. Pulsatilla though will often prove sufficient. In dysmenorrhoea, congestive form, discharge bright red color, pulsatilla, 3 to 5 drops every two hours will give relief. In inflammatory type, aconite should alternate one drop every hour or two. If complicated with hemorrhoids, collinsonia or one-half grain aloes pul. or aesculum hippocastanum, 5 drops fluid extract.

In leucorrhoea pulsatilla is invaluable and prompt in action. If debility or anemia, fluid extract aletris farinosa, 8 to 10 drops should alternate pulsatilla. This and pyrophosphate of iron is good treatment. If pain in the back and hips, aesculum hippocastanum fluid extract, 5 drops, should alternate.

In acne rosacea pulsatilla is very useful, and 5 drops will often cure. Fluid extract belladonna, 2 drops will assist the cure. In Bright's disease it is of great advantage, 2 drops every two hours. Euonymus atropurpureus will regulate the liver. Fluid extract helonias dioica, 10 drops for debility will increase assimilation. Tincture rhus aromatica 10 to 20 drops three or four times a day, if there is excessive flow of the urine, will regulate the kidneys nicely. If tendency to dropsy, acetate potassium, small doses, fluid extract apocynum cannab. 10 drops can be alternated with each other or with eupatorum purpureum, fluid extract chimaphila in small doses. If a cachectic condition of system exist, or there is suppuration, pulsatilla, 5 drops with chloride of gold alternated every four hours is indicated. Cerebral anemia convulsive type, pulsatilla every three hours, 5

drops, digitalis, 2 drops alternated. Hyperemia, congestion of the brain, if in females caused by suppression of menses, pulsatilla, 5 drops alternated every three hours with belladonna will relieve this. Nitrate of iron, 2 drops every three hours is indicated.

Hypertrophy of heart, left side, pulsatilla, small doses, will do well, and alternated with fluid extract digitalis, 3 drops every three hours will act like a charm. Fluid extract cereus grandiflorus, 15 drops alternated will be of service. Cactus or cereus grandiflorus acts promptly in nervous palpitation of the heart. We have often alternated one or the other with pulsatilla, 5 drops, in such cases with the best kind of success.

In measles 1 or 2 drops of pulsatilla has good effect. Pulsatilla has an affinity for the testicles, genital tract and will do good in all such troubles as orchitis, epididymitis, etc. Rhus tox, dulcamara, thuja also act well in such cases. Pulsatilla, 5 drops every three hours acts like a charm in enlargement of prostate gland.

## THE PHYSICIAN AND THE OPTICIAN.

By J. A. Pratt, M. D., Coulter Block, Aurora, Ill.

When an oculist intends to write on the above subject it is but natural to think that he starts prejudiced. In the following paper I will simply try to place the relation of the physician to the optician in its proper light, so that the physician, who is always a fair-minded man, may judge for himself and act accordingly.

In order to judge and write justly we must put aside all petty jealousy and look at the optician in his true light, and make him stand the same scrutiny as we will give the oculist, so there will be no complaint that he has not received fair treatment.

The optician of whom we treat is that person who has left the true field of the optician (the maker of glasses) and invaded that of the oculist, the fitting of glasses to the human eyes. This person who is generally a jeweler, either attends a college of optics, takes a correspondence course in optics or studies it up entirely by himself. He now comes before the public as a graduate optician, ophthalmic optician, refractionist, doctor of optometry, ophthalmotrician, or some other high-sounding name, and will prefix before his name that much abused Dr. so that every true physician feels it far from complimentary to use it. When the optician places Dr. before his name he does so to deceive the people and he brands himself as a liar and confidence man. A little harsh, but as he places the brand, he should not shrink from what it implies. His course in optics takes from one to six weeks, and for this rapid graduation we start with a man who is rarely an educated man. This man comes forward with his little mechanical knowledge, and you find his advertisement positively stating that he can cure by the fitting of glasses every ill that has ever been benefitted by glasses and many that have not. I have been unable to find any physician with half the assurance.

Our physicians as a rule are well read, level-headed men who are looked up to in their community, and weight is given their judgment. It is their duty not only to heal, but to advise. When a physician advises a patient to see an optician instead of an oculist, he places himself on a medical par with that optician, and as the optician is not a medical man the physician vouches for and guarantees the work of the optician. If a physician wishes to place himself in that condition he is entirely at liberty to do so, but he must accept the responsibility that goes with it, and also remember

that he is not giving the best advice to the patient. The physician should show as much interest in the welfare of his patients in keeping them from the hands of the optician as he does in keeping them from the hands of the travelling quack or the horse doctor who has decided to try his luck on people. It certainly cannot be professional jealousy that keeps him from sending his cases to the oculist, or fear of showing his ignorance to his fellow practitioner, for surely no one would take more pride in telling how little the doctor knew than the optician.

An editor of an Illinois medical journal in his comments on an article printed in his paper from the Medical Review of Reviews, says:

"'The Attitude of the Family Physician to his Patients in Respect to Opticians' which we cordially endorse in so far as it implies an effort to properly guard the interests of the patient and true specialist. There is this to be said, however, by way of extenuation: There are so many physicians claiming to be well versed in the technique and principles of practical ophthalmology, and posing as specialists who are at the same time engaged in regular practice and utilize the claim as a 'feeder' that general practitioners hesitate to trust them. Then again there are opticians so thoroughly well versed in the knowledge of optics and found to be so trustworthy by many physicians as to make them very valuable adjuncts to the latter in the determination of purely mechanical defects. While there are unquestionably skilful and honest opticians, there is equal reason for believing that there are many dishonest, or else densely ignorant oculists."

From the tone of this comment it is easily seen that if the writer had been an oculist his comments would have been different. It would hardly take a bright physician years to determine whether an oculist knows his business or not. One case or two does not judge him any more than it does the general practitioner. It is rare not to find within a short distance a physician who devotes his entire time to special work and accepts no general practice, so the physician need have no hesitancy in sending his special cases.

If a physician is so well versed in diseases of the eyes and their examinations that he needs the optician only for the "purely mechanical defects," he had better spend a few hours in study and correct the "purely mechanical defects" himself and be positive that all is right. There are dishonest oculists without a doubt as there are dishonest persons in all walks of life, but you don't have to vote for him simply because he is in your party.

It is hardly good logic to say that a physician who studies optics is not as good as a laity who has studied optics, yet our friend wishes us to believe so.

### THE PHYSICIAN AND THE OCULIST.

It is not alone necessary that the refractionist should know the mechanical part of the fitting of glasses, but he should be better versed in the diseases of the eyes than the general practitioner. When a physician sends a patient for examination of the eyes he not only wishes to know if the patient needs glasses, but what condition the eyes are in. Few physicians are equipped with the apparatus and knowledge to examine the eyes, and as the cases are not numerous they prefer to send them to one more competent. To fill this want the oculist is with us. In him the physician finds a brother physician who is devoting himself to this branch of work, and by working hand in hand, each depending on the other, they can reach that higher plane which is both beneficial to themselves and their patients.

I have yet to have the case where an oculist has fitted glasses where the condition was due to disease and not to a refractive error, but I do not say the case does not exist, yet I have had cases in my office who have been fitted by opticians when the conditions have been atrophy of the optic nerve, detached retina, choroiditis, optic neuritis, cataracts and a case of glaucoma where the patient when she first consulted the optician could see with both eyes but afterwards became blind. She was fitted by the optician eight different times in a few months, and consulted an oculist after the optician said he could do nothing more for her. He surely had done enough.

One of the objections brought forward by the physician as to his sending his patients to the oculist instead of the optician is that the optician does not charge for his examination while the oculist does. If the patient does not need glasses he is out the price of the examination, and credits the same to the ignorance of the physician in sending him. To overcome this condition and meet the optician on his own ground, I have been examining all cases sent by physicians absolutely free of charge, but when glasses are ordered I receive my regular fee which is included in the price of the glasses. I have been practicing this method for the past five years and it works very successfully, and I am sure is thoroughly appreciated by the physicians in this vicinity.

I was pleased to notice in a late number of The Ophthalmic Record that Dr. Harold Gifford, of Omaha, recommended this method as the most feasible one to combat the evil influences of the optician.

In reference to the prices charged for glasses by the opticians and oculists, they are about the same. The oculist has a scale of prices and keeps strictly to them, while the optician, true to his trade instincts, makes the price adjustable to the conditions. I have known an optician to vary the price of a solid gold spectacle from five to twenty-five dollars. The conclusions are easily drawn.

## A NEW USE OF IODINE.

By J. B. C. Stone, M. D., 3113 Locust St., St. Louis, Mo.

For many years I have been searching for a treatment that would cure those cases that worry so many physiians until they are grey-headed. I refer to the female cases: Painful menstruation, leucorrhoea, back-ache, irritable bladder, vaginitis and pruritus, etc. These cases generally try every physician in reach before going under the knife. Many of them have too much flow and they grow very pale and weak; others have none, and included in these cases I place the virgins who have never menstruated and who have green sickness as it is called.

I have run the whole gamut in therapeutics without uniform success until recent years. For years I did not examine these cases carefully, but gave them tonics and washes. Many failures are recorded in my case-book. After trials and tribulations I began to examine into these cases more closely to find invariably, thickening of the mucous membranes and peritoneal coverings, enlargement, often hard, sometimes soft and flabby. The idea occurred to me that if these cases could be reduced to their normal size, the sluggish circulation restored and thickened membranes reduced that the treatment would be more satisfactory. According to this reasoning I administered the following:

℞ Iodine Resublimed, grs. xx.
Iodide Potash, grs. xl.
F. E. Belladonna, ʒi.
F. E. Nux Vomica, ʒi.
Tr. Cantharides, ʒi.
Water, qs. ad. ℥i.

Dose 15 drops in water three times daily.

To conserve time I will cite a case. A young lady twenty-seven years old treated seven years by a good physician. In May she took her bed each year as the warm weather approached and remained there four months, taking treatment daily. Being a new physician in the city I was called. I saw that I would have to do something new or I would not be retained. I gave the girl, whom I found weak, nervous, constipated, with painful periods, the above treatment. She had not stained two cloths per period in two years, but the next time she flowed so freely that her parents were alarmed and sent for me. I had her drop the treatment until fifteen days before the next time. This she did and the next time she came out without a pain. The leucorrhoea grew less and less; back-ache ceased altogether. A few months treatment arrested all her troubles and I then made change as follows:

℞ Iodine, grs. xx.
Iodide Potash, grs., xl.
Aqua, ℥i.

M. Sig. 15 drops in water ter in diem fifteen days before menses until they appear, and the following:

℞ F. E. Cantharides, ℥i.
F. E. Belladonna, ℥ii.
F. E. Nux Vomica, ℥iii.
F. E. Hydrastis, ℥i.
Aletris ℥ii.
Aloin, ℥ii.
Squaw Vine ℥ii.
Black Haw, ℥iv.
Tr. Hyoscyamus, ℥iv.
Comp. Tr. Gentian, q. s. ad ℥xii.

M. Sig. ℥i ter in diem for 15 days as above. This woman grew gradually better and in one year she was visiting her friends everywhere. She is well and weighs 160 pounds. No pain, eats heartily, enjoys life.

Another case in the person of a country girl, nineteen years old, very fleshy, pale, nervous, constipated, "had never seen anything," her mind was unbalanced and she had epilepsy. I gave her the iodine. She took it one month and returned to my office with no change except a clear head and a disposition to be hopeful. Another month rolled by and she returned with her mother and reported that she had been sick. Her mother said quite enough too.

These cases put me to thinking and experimenting. I have treated hundreds of cases since with the iodine solution and every one got well. The first time I ever knew that iodine would affect females thus, was when I treated a girl about sixteen years old for enlarged cervical glands. Her mother told me that every time she commenced to take her physic she would commence to flow and continue to grow worse and worse until she had to stop it, but I took it to be an idiosyncracy. This was not so however. Iodine proved to be a specific emmenagogue. However, I would not use it in alcoholic solution for I could not administer enough that way on account of irritating the stomach, and never got any results where I have used it in alcohol.

I have reduced some of the worst cases of uterine enlargement I ever saw, by the use of this drug alone, and removed all symptoms accompanying it. I never think of such a thing as using curettes in these cases. Never use an instrument except in cases of laceration, and as soon as well of the operation I put them on iodine. But for the amount of space I would impose on our editor, I could cite hundreds of cases treated successfully with iodine.

I have a case now on hand sent to me from Wisconsin. She is a young woman twenty-one years old, weighs 190 pounds, apparently healthy, her mind badly affected, constipated, hysterical at times, dreads

to be alone and suffers continually with palpitation of the heart. She had never as much as stained one pad in her life. I gave her iodine and the first month she menstruated five days, staining seven cloths. Dr. J. Harvey Moore, an eminent oculist of this city, saw her when I commenced the treatment, for I carried her to him to get her vision corrected. She could not read at the time and had not in twelve years. He put glasses on her and gave her treatment. Now she reads all the while, and really I have difficulty in restraining her. I wish to say, however, that all the oculist in the section of her home had done failed to correct her vision, and he remarked to me since that he had never seen such a change in anyone for the better, being transformed from a listless, quiet, shrinking creature to a lively, cheerful, bright, healthy girl. She dropped her treatment, however, for a few weeks while on a visit home and I had trouble in restoring the menses on her return The most distressing symptoms were dizziness and palpitation. She complained all the while of dizziness and would not go out alone, being afraid of falling, which she did often. The palpitation attacks were fearful and nothing relieved them before coming here but whiskey.

I use only the best iodine and have it resublimed and washed through water before using it. If any physician would like to try the treatment I would be glad to furnish them with a supply of the iodine solution and the tonic compound. I have it prepared by a first class chemist in bulk for my own use. Any one wishing it can get it at what it actually costs me. I believe it will open up a window in the treatment of these cases from which much light will flow.

Iodine, we know, stimulates glands to increased activity, and the ovaries partaking of a glandular nature are influenced by its administration. The glands in the mucosa of the uterus, as well as the multitude of pelvic glands, are influenced. A peculiar quality of an alterative is to carry off adventitious tissue. The whole system is benefitted by its use in cases where retarded menstrual flow is the trouble, for it relieves the whole system of its accumulation which should go off monthly. In cases of fibrous induration iodine is the remedy par excellence, and why it has never been administered before is a surprise to me. It is more active in my hands than iodide of potash, and does not retard the digestion as potash, but invariably increases the appetite abnormally. Combined with iodine, ergot will remove fibroids without the knife when they are small. Of course it can't do everything alone, therefore other things should be combined, and I administer belladonna to control the extra blood supply. Nux is given as an arterial tension promoter, aletris and squaw vine as tonics to the uterus generally, cantharides as tonic alterative to the mucous glands. In my hands the combination above has done wonders—placed dollars in my hands and friends on my list.

I never use the curette in any case. I have seen it used time and again, but I never witnessed the permanent results that followed the prolonged use of iodine. The knife and curette cannot unload the system of its retained menses.

I have never related my experience except to a few physicians, and each one told me they never heard of such a thing being done as giving iodine for a trouble of this nature.

A trial is all that is necessary for unless I had had experience enough to prove my assertions I would not risk my judgment in public as I have. I candidly believe that the profession owes it to suffering humanity to fairly try it. Don't stop under six months.

## ANEMIA, A CLINICAL REPORT.

By H. Speier, M. D., Janesville, Wis.

Few medicinal substances hold such a well established position in the physician's mind and are used with greater certainty of result than iron. Its physiological relations and functions in the human economy are clearly understood, its sources of supply by means of different articles of food are known and the diseased conditions resulting from an insufficient amount of it in the blood corpuscles are sharply defined and typical. Giving iron as a remedy in such conditions the physician expects and obtains curative effects. The experience of many years has established this so firmly that, when at the German Congress for Internal Medicine in 1895 a well known observer confessed himself a sceptic of the value of iron preparations he aroused a storm of indignation. His doubts met the combined opposition of medical experience. At the next meeting of the congress a series of careful scientific investigations was presented, proving incontestably that the favorable results which have been obtained since olden times from the administration of iron are actually attributable to ts absorption and not to accidental circumstances, to diet alone, or even suggestion. (Therapeut. Monatsh, May, 1897).

The effect of ferruginous medication, as verified by modern scientific methods, count of blood corpuscles and estimation of the percentage of hemoglobin, is exerted directly upon the red corpuscles, increasing their number and the amount of hemoglobin contained by them.

In the practical use of iron as a remedy physicians are confronted by the difficulty of selecting a proper preparation. Almost all the preparations are more or less astringent and probably exert a direct influence upon the tissues, and sooner or later inhibit digestive processes. The latter is of especial disadvantage, for in a large majority of cases where iron is most useful, the various forms of anemia, there exists already impairment of digestive activity which, if added to, will render any form of medication ineffective.

Of late years I have used exclusively a combination of iron and manganese, "Liquor Mangano ferri Peptonatus Gudes," generally called "Gude's Pepto-Mangan." It is a clear, wine-colored, bland liquid, neutral in reaction and seems to meet fully all objections against preparations of iron. It rarely causes constipation, is well borne on the most delicate stomach, and has given me excellent results. I will cite at random a few cases in which I have employed it.

Miss H., aet. eighteen, Swede, organist and teacher in parish school. Menstruated for first time when nearly sixteen years old. Menstruation scant, irregular, often missing three or four months; chlorosis, mucous membranes pale and bloodless, greenish hue of skin, muscles flabby, mammae undeveloped, fitful appetite, constipated, shortness of breath, general lassitude; lungs normal, weak, anemic heart-murmur. Treatment: Regulation, of diet and Pepto-Mangan Gude. After two weeks, improvement noticeable in general appearance. Menstruation became regular, health restored by treatment extending over about four months.

Miss K., aet. fifteen, student. Large and of full muscular development, but muscles lack tone, lips colorless, skin pale. Began to menstruate when twelve years old, but never regular. When seen had not menstruated for four months; appetite very poor, constipation, frequent headache, general lassitude; works hard in school to keep up, often despondent, always cross. Treatment: Regulation of diet, cascara sagrada and Pepto-Mangan Gude. After three months treatment

great improvement. Menstruates every thirty days, health, color and appetite good, mind cheerful. Only constipation had not entirely yielded. In these cases as in all similar ones, I order daily douches with water as cold as can be tolerated, followed by brisk rubbing down with coarse towels and systematic physical exercise with dumb-bells or indian-clubs, moderate use of bicycle or daily walks and a carefully arranged dietary. It has been claimed that dietetic treatment alone may be successful in anemic and chlorotic patients, but such authorities as Nothnagel and Ziemssen consider an invigorating diet as only a valuable adjunct.

Mrs. D., German, primipara, normal and uncomplicated labor, followed by puerperal sepsis induced by vaginal douches and other manipulations administered by midwife. Illness left her in a decided anemic condition. Pepto-Mangan Gude caused quick recovery.

Mrs. J., Norwegian, confinement. Called by midwife, found shoulder and arm presenting, version. Could not deliver aftercoming head owing to contraction of conjugate diameter. Perforation done on base of skull, instrument slipped repeatedly, considerable laceration, followed by protracted sepsis. Woman left very anemic. Pepto-Mangan Gude gave excellent results, restoring condition of blood in a few weeks' course of application.

H. W., aet. thirty-nine. Farmer, extensive, caries of end of femur and head of tibia. Resection of end of knee-joint. Profound anemia. Pepto-Mangan Gude in full doses given for three months with gratifying results. Anemia yielded visibly, appearance improved and strength regained.

L. E., aet. thirteen, typhoid fever, severe form, lasting five weeks, followed by hip-joint-disease. Prolonged stay in bed. Result, general debility with great anemia. Treatment, carefully regulated diet, out-door life and Pepto-Mangan Gude. Good recovery, rapid gain in strength and complete disappearance of anemia after three months.

H. B., aet. nineteen, clerk, typhoid fever, mild and uneventful,. Patient returned two months after having been discharged, with an enlarged testicle, which, after a course of ineffective treatment was removed, being found tubercular. The young man was much debilitated from the prolonged illness and quite anemic. Treatment: Sent for the summer to the pine-forest, carefully prescribed diet, Pepto-Mangan Gude. Returned after less than four months stay, the very picture of rosy health, not a trace of anemia remaining.

Mrs. O. B., aet. twenty-one, Swede. Was seen first suffering from septic phlebitis of leg after child-birth. Labor had been protracted, instrumental, with extensive laceration of cervix and perineum, followed by the septic condition I found. After slow recovery from the sepsis she was left very anemic and debilitated. Under Pepto-Mangan Gude the anemia yielded promptly and general strength improved. Before repair of lacerations could be made the woman moved away.

In all these cases the clinical picture of anemia was so evident and the improvement under Pepto-Mangan so apparent that it was not necessary to resort to the blood count for verification.

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Dr. Von Noorden recommends Trousseau's method of treating asthma, e. g., by atropine. The treatment lasts from four to six weeks, commencing with half a milligramme per dose, increasing every two or three days by half a milligramme until a dose of four milligrammes has been reached. The dose is then diminished.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE.

(First Paper.)

By M. G. Price, M. D. Mosheim Tenn.

### BRONCHITIS.

Of the three forms of this disease, the acute, capillary and chronic, we wish to speak briefly of only the first two. In the acute form we are apt to find some of the following symptoms: An initial chill, slight fever, harsh, dry, paroxysmal cough, slight and difficult expectoration, nausea and sometimes vomiting, shortness of breath, headache, a raw burning sensation under the sternum and in the tubes; muscular pains are a frequent symptom. In capillary bronchitis these symptoms are very much intensified; there is a great dyspnea, feeble circulation, blueness of the lips, prominence of the veins. The patient is dull and stupid, with cold hands and feet; the picture is one of collapse and something must be done and speedily too, if you would save your patient.

We think of a case just here, which is illustrative of the capillary form in the first stages. The symptons were cough, incessant and hacking, expectoration very scanty, pulse feeble and beating from 120 to 130 per minute, Temperature 103°, countenance flushed and anxious, and respiration greatly accelerated.

Here is a dangerous condition. What is the remedy? The lancet, cupping and emetics were once the sheet anchor of the physician but now we are better prepared for this disease. Aconitine, codeine, strychnine, apomorphine are used and to the last two remedies we attach much importance. Apomorphine acts by promoting a bronchial secretion which loosens the plugs of tenacious material in the capillaries and depletes the swollen mucous membrane. A peculiar effect of strychnine ought not to be forgotten in these cases. It increases the contractility and infuses new life into those muscles, which have for their work, the expulsion of mucous from the lungs. This remedy is too little used in these and other lung troubles. It is the one remedy in la grippe. We recollect a negro whom we thought was dying with pneumonia, we put him on all the strychnine we thought he would bear and never expected to again see him alive, but the effect was marvelous; he fully recovered.

Dr. John Aulde, of Philidelphia relates the case of a child who by accident took several tablets of strychnine gr 1–100 which alarmed the mother very much. The child had been suffering from a cold; in the course of a few hours it begun to cough and expectorate great quantities of mucous and the next day was quite well.

Thus we see the mechanism of the remedies. The apomorphine loosens the viscid material which falls from the bronchioles and the strychnine stimulates the organs to throw it off.

In a recent case of acute bronchitis, which came under our care the usual symptons presented themselves at the out-set, but later on the patient did not do so well, with a great appetite he still remained weak and went from bad to worse because he was unable to assimilate the food taken. The tongue was pale and flabby with the

indentations of the teeth in its edges or along its border. Now why did these indentations exist? Because the circulation was so poor and weak that the tongue pitted on pressure just as a dropsical limb would do, another evidence of the poverty of the blood and weakness of the circulation was that the patient complained of a choking sensation which freqecntly accompanies run down conditions.

To remedy this we placed the patient on artifical digestants, with strychnine arsenate–gr. 1–134 two granules every 4 hours and iron ars gr. 1–6 t. i. d. The patient gained strength rapidly and was soon himself again.

## CALCIUM SULPHIDE.

By Samuel E. Earp, M. S., M. D., Indianapolis, Ind.

Calcium sulphide, so-called, known in the U. S. P. as sulphurated lime and directed to be prepared by heating a mixture of calcium sulphate (70 gm.), charcoal (10 gm.) and starch (12 gm.), is grayish-white powder, which is altered by air, and has a perceptible odor of sulphuretted hydrogen, exaggerated by moisture or the addition of sulphuretted acid. It has an alkaline reaction and is slightly soluble in water, but insoluble in alcohol.

To those who especially dislike the sulphurated mineral waters, the preparation may seem somewhat objectionable, although the gelatin pill offers a method of disguising it, as then only the eructations of gas from the stomach will acquaint the user with the unpleasant odor. In a few instances this may encourage nausea, but as a rule the dislike is soon overcome, as is the case with the continued use of the mineral waters or cod liver oil.

The long continued use of calcium sulphide may produce eruptions on the skin, and perhaps an impairment of nutrition, but untoward results are obtainable from the injudicious use of many of the most potent therapeutic agents.

Clinical reports of the use of calcium sulphide are rare, doubtless because it is not given a deserved recognition; in fact, a recent work on therapeutics devotes four lines only to a description of calcium sulphide; and they include the statement that "it has no influence on the process of suppuration."

In certain conditions of the glandular system, with a tendency to suppuration, or even when such effects are not threatened, good results may be obtained by the use of calcium sulphide. Very frequently I have observed persons with indurated glands that discharged a thin, watery fluid, this condition having been unchanged for months or years. Some of these persons were afflicted with unsightly scars, with an area of discoloration, possibly in close proximity to a group of nodules preparing the way to make the countenance stiil more hideous. While these cases, even in this condition, receive much benefit from calcium sulphide, I am fully convinced from my own experience that such lesions to a great extent might have been averted if treated earlier with the same remedy.

If scrofulous diathesis existed or a tendency in that direction, then the statement is especially worthy of emphasis. In some cases the favorable results may by some be attributed in part, if not in toto, to the other remedies used in conjunction, then this cannot be assumed when the one remedy only was used, and these were the cases in which the favorable terminations were the most pronounced. When boils and furuncles appear and reappear, their severity and frequency is diminished by the use of calcium sulphide, and in suppurative processes the pus becomes healthy and diminished in quantity. Merck's Archs

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

### APPENDICITIS.

The pendulum of medical opinion has begun to swing over to the other side and we read and hear more about medical treatment and management other than surgical operation. Dr. T. J. Shnell of Iowa reports good results from a method of treatment which seems commendable. "It consists in thorough colonic flushings with very warm water, every two or four hours, during the stage of appendicular colic and the stage of hyperemia following thereafter, a period of from twenty-four to thirty-six hours.

"This colonic flushing is the best accomplished by means of a fountain syringe, connected with a flexible rubber tube, of about a number 20 catheter scale. The tube is passed up to the sigmoid flexure, or beyond it, and from two to three quarts of warm water are allowed to enter slowly by force of gravity."

He uses no opiates nor other drugs and had nineteen out of twenty cases recover without other treatment. Prof. Ochsner, the noted Chicago surgeon, recommends a similar method.

### KERNIG'S SIGN IN MENINGITIS.

Any aid toward an early and sure diagnosis should be welcome. As diagnosis of meningitis is not always early made we give the following sign. "If a patient with meningitis be made to sit up, as on the edge of a bed, the thigh therefore being flexed at a right angle with the body, it is found extremely difficult to extend the leg because of the pressure of a marked flexor contraction. In Kernig's own words: "The phenomenon is so striking, the difference between nothing and something, between the absence of this contraction while the patient is lying down and its pressure when the patient sits up, is so plainly perceptible that it is well worth while to pay especial attention to this symptom and to examine it in every case."

Various careful observers conclude that the sign while occasionally present in other diseases, is never absent in acute meningitis. It may also be elicited with the patient in the prone position, if the thigh is first flexed to the right angle and then an attempt made to extend the leg.

### SCHOOL WORK AND HEALTH.

The sudden death, at the early age of 27, of Miss Bowen, dean of woman's hall at Northwestern University, Evanston, Ill., which occurred a few weeks ago emphasizes a lesson which the public is slow to learn and which even medical men do not heed in its full bearing. The paper said she died of fatty degeneration of the heart. The correctness of the statement is questionable, but there can hardly be any doubt that the cause was heart disease in some form.

In the sketch of her career we read: "She was able to do twice the amount of work of an ordinary student. She finished the four years course in three years." There we have cause and effect, mental overwork and broken down health.

Physicians are very familiar with cases of this kind, impaired health from too intense application to study. Unfortunately educational demands of the day, as represented by the course of study in the common schools, chiefly the high schools of our land, pay

too little regard to the physical needs of the growing youth. The general tendency is towards accumulating a mass of knowledge, much of it of little practical and doubtful educational value, the process being carried on under high pressure. Undue strain is imposed upon the brain and nervous system generally, at a period of development, when the most careful balancing of physiological activities is essential for the proper growth and future health of the individual. Almost of necessity there follows a giving way, not always a complete breakdown, only just a weakening, enough to result in the manifold diseased conditions which confront physicians. Girls suffer under the high pressure system of education to a greater extent than boys. They are in greater number in our high schools, generally stand higher in classes, are more ambitious and study harder than boys. Boys seem to be endowed by nature with a sort of protective laziness, a prohibitory apparatus which keeps them from injuring themselves by overstudy. The women in our high schools are for the most part of that age in which owing to the great demand upon nutrition made by newly developing physiological conditions nervous overstrain is particularly harmful and apt to produce lasting ill effect.

Not long ago a member of the board of education in Chicago was led by his observations to similar conclusions and announced his intentions to bring about a modification of the course of study. His success will probably not be greater than was obtained a few years ago by the medical society of Duluth, Minn. The physicians of that city had met with much disease among the teachers and pupils of the public schools traceable to mental overwork. Believing that the high reputation of the Duluth schools was being too dearly paid for they sent a memorial to the board of education advising a reform of school work. It was learned then that a single schoolboard is powerless, that certain educational standards have become established and must be met. A reform of the system can be brought about only by general agreement, not a formal convention of a body of men, but by a change in the popular conception of education.

Physicians can greatly influence the popular conception. If they teach the people by individual and combined effort such as collective investigation, society reports, etc., that existing educational methods are not in full harmony with the laws of healthful physical growth, they will contribute largely to the evolution of new ideas and the establishment of more rational systems.

RECIPROCITY.

The committee of the Wayne County (Detroit) Medical Society on Interstate Reciprocity for the license to practice medicine has sent out a new report. Dr. E. Amberg, the efficient secretary, has reason to be proud of the success obtained. Answers were received from the authorities of fifty states and territories. Of these forty-two are favorable, only three unfavorable. One of the latter, from North Carolina, is interesting reading; it is so modest; it says: "Our standard is so much higher than it is in most of the states, that for the present, at any rate, we are afraid of it (reciprocity)." A widespread interest has been awakened in this question, as is shown by editorials in the medical press, communications and papers before societies. Some modification of existing medical laws, on the one hand maintaining a high standard of requirements, on the other removing unjust and unnecessary restrictions, will result from the movement. Time and combined effort are needed to bring about a satisfactory solution of the question. Dr. Amberg is working for a uniform, high standard for the profession.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

## FORMALDEHYDE.

We have had brought to our notice several communications from Messrs. Schering & Glatz, New York City, in which they have taken occasion to say that solidified formaldehyde (Leininger's) is not a pure formaldehyde and appears "to consist of lard or some other fatty substance and formaldehyde, and is altogether different from Schering's paraform." We wish to apprise your kind readers of the fact that solidified formaldehyde (Leininger's) does not contain lard or any other fatty substance, but is 100 per cent. pure formaldehyde, and we will offer this firm, or any one else, one thousand dollars ($1,000) if they can find anything in our solidified formaldehyde that is not contained in Merck & Company's 40 per cent solution. No doubt exists but the assertions of this firm are made either through the ignorance of their chemists or the jealousy of the management.

The statement of Messers. Schering & Glatz saying that solidified formaldehyde is not like Schering's paraform, we heartily concur in, for solidified formaldehyde stands to-day as the highest and purest grade of formaldehyde before the medical profession. No doubt when this firm first placed on the market formalin pastils that it was the best preparation of the kind at that time, and in chemistry, like all other sciences, improvements and advances take place very rapidly, and often times to the chagrin of old line preparations, and which as time elapses must make way for better and up to-date, as well as valuable, preparations.

The points that we offer in favor of solidified formaldehyde, over all other formaldehyde, are: First, it is pure formaldehyde, 100 per cent. Second, it is the most economical and convenient for use of any formaldehyde on the market. Third, solidified formaldehyde is soluble in water. Fourth, if you leave a jar of solidified formaldehyde open for six months, or any indefinite period where it will come in contact with the air, it will retain its natural color and condition. While on the other hand, Schering's formalin pastils were exposed to the air in our laboratory for a period of less than four weeks, and they lost their natural color and crumbled into a copper-like greenish powder.

THE DR. GEO. LEININGER CHEMICAL CO., Chicago, Ill.

## SMALL-POX.

Complying with the request of R. Truitt, M. D., of Cottonwood, Idaho in Medical Brief, Feb., 1900, page 260, will say small-pox is raging in several counties in this state, and as he says. "Some doctors call it small-pox, others do not."

We had quite a siege in this immediate neighborhood in the fall of 1898, and winter and spring of 1899. There were eight of us in my family and we all had it; some severely, others very mildly. There were three doctors in this vicinity two of whom said the disease was not small-pox and gave as their reason, that "mortality was too low;" nevertheless they refused to visit a single case, which threw all the practice in that line upon me, and as I considered the disease discrete small-pox I treated it accordingly. It was in a mild form as is always the case, in this variety of the disease, especially

among civilized nations, since the days of Jenner. I visited and prescribed, altogether in about eighty cases, without any fatality. I don't say this boastingly as any ordinary doctor can do the same under like circumstances. At Salem, Agnas, and Wheeling, in this same county (Fulton) there were several deaths from this same disease, though the doctors in attendance, for the most part, on those fatal cases, claimed that the disease was not small-pox. I have only been in active practice about five years and as to experience, this disease was entirely new to me. I began quite a series of investigations for my own protection as well as that of my neighbors. This investigation has resulted in about fourteen months hard study, collecting comparing and compiling material to go into a work entitled "Small-pox", giving its pathology, true character, manner of delevopment, together with suggestions as to treatment etc., etc. The work is intended as a handbook or we might say a text book for the busy doctor, as authoritative references will be given. The need of such a work is apparent, since we see that small-pox is scattered from Maine to California and from Cuba to the frozen regions of the North. The work will be ready for distrubition about May 1st, 1900. The actual cost of printing will be about twenty-five cents. All physicians who will co-operate with me by letter giving their experience in this line of disease in the past three years, and will remit to me by May 1st, 1900, that amount in stamps will receive a complete copy of the book, postage prepaid.

S. W. H. Nibblett, M. D.,
Elizabeth, Ark.

If your subscription has expired, please write us and see what an interesting proposition we will make you to renew.

## CHIPS.

Doctor Goethe, the botanist and poet prince says: Wer nicht von drei tausend Iahren–Sich weiss Rechen schaft zu geben, bleibt im dunklen unerbarven, mag von tag leben. He who knows names and dates only, don't know medical history. Names and dates are second class matter. A student at home in medical history need not pay money for certain so-called secret medicines, because he has a geneltic history of all these things before the eye of his mentality. He for instance, knows that Velpeau, 1839, had great success by his injection cure on some hernias; he knows the liquid and the how, and also the uncertainty of his work. It may do to scoop the money because nine times out of ten it only meets the lower part of the sack of the rupture. He also knows the better operation of Gordi (1835) succeeding par excellence with the needle in scrotal hernia, in plug. ging the channel with the scrotal skin and fastening it for healing purposes. He also knows that the operation per scalpel is not always without danger, not so much on account of the operation itself, if done aseptically and with common sense, but in its consequences concerning the inner abdominal viscera; trouble may appear two or three months after operation and cause death, as evidence has shown.

The idea of noble minded Moody on page 314 Wisconsin Medical Recorder is well expressed by one of our own medical forefathers the great and good Prof. Dr. C. W. Hufeland in Ench. Med. Ed. V. saying: "Always remember who you are and your station in life. You are stationed by the Lord to be a priest, to take care of the holy flame of life. You are the dispenser of His high gifts, health and life, by the secret powers laid down in nature for the welfare of men. A high and sacred calling; not to suit your

selfishness, but to the honor of God and a blessing to your neighbors. The day will come that you will be called to account for it." Try this fatherly injunction in your sedulous application to the science, not only for science sake but to benefit your patients and you will feel as confident as the sailor boy did in that awful storm, saying: "Father is at the helm, etc."

In regard to Dr. Pratt's Medical Legislation in December number would say that, Emperor Fredrick II. A. D. 1241 enacted the most common sense law on medical schools ever made. It provided for the medical school at Salerno, Italy, three years preparatory study in logic, five years (10 months a year) study of medicine proper, one year practice under a Proto-Medicus.

F. A. Beckel, M. D.
Sheboygan, Wis.

## THE ANTIVIVISECTION BILL.

The cause of humanity and of scientific progress is seriously menaced. Senator Gallinger has again introduced into Congress the Bill for the "Further Prevention of Cruelty to Animals in the District of Columbia." which he has so strenuously and misguidedly advocated in the last two Congresses. It is Senate Bill No. 34. Twice the Committee on the District of Columbia has, also unfortunatly and misguidedly, reported the bill with a favorable consideration It is speciously drawn to seem as if it were intended only in the interest of prevention of cruelty to animals, but the real object is twofold: 1, to prohibit vivisection and, 2, to aid the passage of similar bills in all the state legislatures.

It hardly needs to be pointed out that this would seriously interfere with or even absolutely stop the experimental work of the Bureau of Animal Industry and the three medical departments of the Government, the Army, the Navy, and the Marine Hospital Service. The animals themselves might well cry out to be saved from their friends. No more humane work can be done than to discover the means of the prevention of disease which have ravaged our flocks and herds. All those who raise or own animals, such as horses, cattle, sheep, pigs, chickens, etc., are vitally interested in the preservation of their health and the prevention of disease.

The inestimable value of these scientific researches as to the prevention and care of disease among human beings it is superfluous to point out. Modern surgery and the antitoxin treatment of diptheria alone would justify all the vivisection ever done.

As my attention has been called officially to the introduction of the bill, I take the opportunity of appealing to the entire profession of the country to exert itself to the utmost to defeat this most cruel and inhuman effort to promote human and animal misery and death and to restrict scientific research. It is of the utmost importance that every physican who shall read this appeal shall immediately communicate especially with the senators from his state, shall also invoke the aid of the representatives from his or other districts in his state, and by vigorous personal efforts shall aid in defeating the bill. It is especially requested also that all of the national, state and county societies, at their next meeting, take action toward the same end. If regular meetings are not soon to be held, special meetings should be called. Correspondence is invited from all those who can give any aid.

W. W. Keen, M. D.
President American Medical Association,
Philadelphia. Pa.

# The Wisconsin Medical Recorder.

*A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.*

**J. P. THORNE, M. D., Editor.**

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**HALL & THORNE, Publishers, Janesville, Wis.**


## ANTIVISECTION.

After reading our note on the anti-vivisection bill in our last issue, one of our subscribers writes: "Vivisection is of no good to medical science, but is cruel and belongs to barbarism. When God put mankind on earth as the highest animal he surely did not expect the highest to vivisect the lower." This presents the whole argument of the anti-vivisectionists in a nut-shell. Societies are organized, papers are read and periodicals published to try and show that vivisection is cruel. Our correspondent is doubtless kind-hearted and honest but like many others has not examined both sides of the question.

The "antis" portray heartless doctors cruelly torturing helpless animals purely for amusement, which is far, far from the truth. The work in experimental surgery is done on animals anesthetized so completely that they feel none of the pain. More cruelty to animals can be seen on the streets of our large cities any one day than has ever been inflicted on animals used for scientific investigation. How many of the opponents would wish to be back to the days of bleeding and blisters? That is where we would be to-day if there had been no opportunities for experiment. No one will question the great advance in surgery and that hundreds of lives have thereby been saved.

In therapeutics equally great advance has been made and all due to experiments upon animals first. If the anti-vivisection law is passed and enforced it will end further advancement unless the experiments are made on the human subjects. New remedies should first be tried on animals and their action, dose and toxicity determined before they are used on the human subject.

There are numerous evils and cruelties in this world which would be much more worthy of the sympathy and help of the anti-vivisectionists. If they would all give their support to the Audubon Society they would be accomplishing real good. Thousands of useful birds are destroyed annually for their plumage for use in millinery. Some of the anti-vivisectionists are doubtless wearing plumage which was torn from a live bird.

Vivisection is not cruel and is performed only for scientific purposes. Thousands of human lives have been saved by it and an untold amount of human misery and suffering prevented by the accomplishments of vivisection. Surely it is worth sacrificing the lives of a few animals to secure this. Not only has suffering been prevented in the human family, but as much misery has been saved the animals by the same means as Dr. Keen's communication in this number mentions. Think the matter over and write your senator to vote against this barrier to progress.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The second article in the series on Suggestion by Dr. J. T. McColgan will be in the March Recorder.

A large amount of original matter of unusual value will be published in the Recorder this year. We believe every subscriber will be satisfied that he gets his dollar's worth.

Dr. W. B. Canfield, a leading physician of Baltimore, died December 27, 1899, aged 42 years. He was the editor of the Maryland Medical Journel, and a writer and physician of ability.

The department of Alkaloidal Therapeutics will be packed with good, original matter all the year. Dr. M. G. Price commences a series on dosimetric practice in this issue, which will be run through the year.

Dr. Stone's article in this number on Iodine is suggestive of what may be accomplished with this useful agent. One of the favorite prescriptions of Dr. N. S. Davis contains iodine and potassium iodide and has been successfully used by him for many years.

Dr. Joseph P. Cox, the inventor of Sim's Obstetrical Brace, has secured a very favorable location for the exhibition of his instrument in the exhibit of America instrument makers at the Paris exhibition. Daily demonstrations of its use will be given at Santa Maria Hospital.

A North Carolina physician writs: The W. A. Intestinal Antiseptic tablets reached me two months ago. I have had opportunities of trying them in several cases of cholera infantum of most obstinate character and in the diarrhea of typhoid fever (enteric). I am pleased with results and shall prescribe them henceforth in like affections. In addition to their superior efficacy they are convenient and easy of administration.

Remittances should always be made by draft, money order or registered letter, as it is never safe to place money in a letter. We have been greatly annoyed for some time by the failure to receive letters containing currency. The recent arrest of a mail clerk in the Chicago Postoffice doubtless explains where the trouble has been. This man's work was sorting the letters going through Chicago, tying together those going to each city. He confessed that he had stolen several thousand letters last year.

Dr. E. L. Holmes, of Chicago, died of pneumonia, Febuary 13th., aged seventy-three years. He had lived in Chicago since 1857 and practiced exclusively ophthalmology and otolgy. He was ex-president of Rush Medical College, with which he had been connected as a teacher for forty years. He was one of the founders of the Presbyterian Hospital and of the Illinois Charitable Eye and Ear Infirmary.

Dr. Jos. R. Buchanan, a leader of the electic school, died at San Jose, Cal., December 26, at the age of 85 years. As a writer and teacher he had an international reputation.

Eczemoline is being highly praised by physicians who are using it in the treatment of eczema. That it is being used in all parts of the country is shown by the fact that recently orders have been received from Washington on the Pacific coast and Boston on the Atlantic.

Sir Thomas Grainger Stewart, the renowned Edinburgh physician, died Febuary 2d, aged 63 years. He was physician in ordinary to the Queen in Scotland. He was professor of medicine and clinical medicine at the University of Edinburgh. He had been president of the British Medical Associatian and other societies. As a writer on the practice of medicine he was especially well known in this country.

In a recent report, Dr. A. W. Fairbanks, of Boston, says that from the results of his experiments it may be assumed that the power of formaldehyde gas as a disinfectant—at least in the strength of 2 Gm. per cubic meter of air space—is, upon all objects to which the gas has free, unobstructed access, positive, absolutely reliable; and this in the case, also, of organisms of a virulence and tenacity of life of exceptional degree.

The products of the Farbenfabriken of Elberfeld Co., are used, by nearly every physician. The excellence of these products has caused unscrupulous dealers to sell substitutes and counterfeits of the original products. All the genuine productions have the firm name on the packages, which should be unbroken. Empty containers have been filled with imitations and sold as genuine. The physician should see that he gets the genuine, so as to get desired results.

Sims' Obstetrical Brace is daily gaining in popularity. During the past month several of the most prominent lying-in institutions in this country have adopted its use. Its great advantage over other obstetrical braces is the fact that it can be used in any position comfortable for the woman in her confinement bed. Sims' Obstetrical Brace should be included in the armamentarium of every up to date obstetrician, for it is without doubt the most serviceable obstetrical instrument we now have.

Eumetra is a remedy that embodies preferable treatment for patients who decline operations. If it is carcinoma, eumetra is a relief. If it is cystoma or fibroma, it may be radical in its action. Where there is suspicious growth —as fibrous uterine tumors—it is a safe measure for expectant treatment. If there is great systemic disturbance, before or after operation, there is, perhaps, nothing better than this remedy. There is certainly no preferred method of meeting every-day indications. Eumetra is brought before the profession as a scientific product, has the mission of advancing gynæcological progress, and it is fulfilling its mission. Send, to-day, for samples and literature.

Sir James Paget, England's great surgeon, died December 30, 1899, aged 85 years. He was surgeon to the Queen and consulting surgeon to St. Bartholomew's Hospital. The editor of the Medical Review of Reviews speaks of him from a personal acquaintance thus: It is seldom that any man

ends a career measured by over three score years of professional activity, for the most part in the searching light of a well-earned fame, who passes from view so universally admired and beloved. In this regard the life and character of Sir James Paget are unique. The great achievements of the author of "Surgical Pathology," and the other numerous valuable contributions to the literature of the science and art of surgery, insure a fame as lasting as it has been conspicuous for the past half century. The splendid personality of the man naturally attracted to him a very large circle of admiring friends in every part of the world who regard his death as a personal bereavement. England is no more the custodian of his fame than the United States, and every other land whose language is the same, which his contributions enriched and adorned. The period in which Quain, Tait, and Paget ceased their labors cannot fail to be one of serious import to the professional life of Great Britain. Other distinguished men will succeed them, but none who can possibly exert a wider influence upon the progress of medical science than these three, whose lives and works will be the monuments which will most fittingly preserve the memory of their great achievements.

Bernays ("Report of a Surgical Clinic") cites a peculiarly obstinate case of facial neuralgia with treatment. The patient was a lady aged fifty years, who showed a good family history and whose previous health was good. The trouble began with a severe neuralgic toothache of her lower right molars, and was paroxysmal at first, but after two months became continuous. The paryoxysms generally occurred in the early morning, and entailed much acute suffering. The pain was relieved by biting strongly upon some firm object, but returned immediately when the pressure was removed. The touch of anything cold or hot promptly excited a paroxysm. A moderate heat when sustained produced the opposite effect. In the effort to afford relief four molars were extracted, but without success. The patient strenuously held out against the use of narcotics in any form throughout the entire course of the disease. Antikamnia in ten grain doses (two five grain tablets) was found efficient as an obtundant, and was relied upon exclusively. Eight weeks after section of the nerve, when the report was written, there had been no return of her former trouble in any degree.

While fully realizing the superfluity of further testimonials concerning a remedy so well and favorably known to the entire medical profession as is sanmetto, yet as I possess an extended knowledge of its reliability based on several years' clinical experience and on the treatment of hundreds of cases in which it has proven itself eminently fitted to lighten the cares of the genito-urinary surgeon, I am perhaps invested with a certain authority which should permit me the privilege of adding my meed of praise. In all the inflammatory conditions of the genito-urinary tract, from the meatus to the pelvis of the kidney, the administration of sanmetto is invariably beneficial. It not only renders the urine bland and unirritating, but also exerts a specific action on the inflamed tissues, soothing and restoring the tonicity of the parts. Its tonic action on the prostate is of such a nature that it proves of equal advantage in cases of either hyperplasia or of atrophy, and there is no remedy so uniformly successful in the treatment of atonic impotency or pre-senility. I have found it of inestimable service in the preliminary preparation of cases requiring

surgical interference, and combined with salol, use it constantly to secure urinary anti-sepsis. I am fully of the opinion that sanmetto represents all that could be hoped for or desired as an internal remedy for genito-urinary conditions. H. R. Weber, M. D., University Md. School of Medicine, 1886 Member American Medical Association, etc., Chicago, Ill.

Dr. Max Meyer, of New York City, has a comprensive article, in the Chicago Medical Times, on ptomains from which we present some extracts, which give the important points on the subject.

The typical ptomains which are non-poisonous are:

1. Methylamine $CH_3 N H_2$.

This is easily obtained from herrings brine or decomposing fish and forms an inflammable gas of strong ammoniacal odor, which is soluble in water. Heat will split it up into prussic acid and ammonium cyanate, This may be prepared synthetically.

2. Dietlylamine $C_2 H_5 NH_2$ which is contained in decomposing fish and sausage. It is a liquid, inflammable, freely soluble in $H_2O$ and has been prepared artificially.

3. Cholin $C_5H_{15}NO_2$ obtained from putrifying animal matter. It is strongly alkaline and if oxidized by $HNO_3$ yields the highly poisonous muscarine. A synthetical preparation of cholin is known.

The following are the most important poisonous ptomains:

1. Muscarine $C_5H_{15}NO_3$ found in decomposing fish and shellfish also in the toxic mushroom called toadstool. It is very poisonous, 1-10 milligram is sufficient to produce complete paralysis. It resembles hyoscyamine,

2. Neurin $C_5H_{13}NO$ from putrifying animal matter, highly alkaline and intensely poisonous, resembling atropine in its action.

3. Mytilotoxin $C_6H_{15}NO_3$ a specific poison is found in mussels and in its action is similar to curare.

4. Tyrotoxine $C_{16}H_{23}N_2O_4$. This is the ptomain of decomposed milk and cheese. It is very poisonous and of an unstable chemical character. In its behavior it is analogous to coniine.

5. Cadaverin $C_5H_{14}N_2$ which is formed in cadaveric organs has a specific poisonous action resembling very much nicotin.

6. Putrescine $C_4H_{12}N_2$ obtained from decomposing gelatine is of a highly poisonous character and resembles strychnia.

A fixed symptomatology cannot be given, as we find great variations, but generally the course of the symptoms are as follows: Nausea, vomiting, purging, sometimes constipation, tenseness, pains in the abdomen. Pulse is rapid and weak, easily compressible, sensation of heat, beginning in the eyelids, spreading over the face and extending to the entire body. Breathing is labored, a nettle rash appears, producing intense itching, sensation of constriction in lips, mouth and throat, dizziness and violent headache but rise of temperature two or three degrees only. The pupils are dilated or sometimes contracted but always reactionless, the speech is difficult, there are spasmodic contractions of the extremities, a cold, clammy sweat covers the body consciousness is lost, convulsions, syncope, coma follows and collapse and death is the end.

Treatment. Get rid of the poison as quick as possible by means of emetics and cathartics or use the stomach pump and irrigate the bowels.

Stimulate the heart and maintain its action by means of hypodermic injections of strychnia, small doses of atropia, aromatic spirits of ammonia, whiskey and etc.

Do not give opiates or coal tar derivatives.

## THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

CHRISTIAN SCIENCE, AN EXPOSITION OF MRS. EDDY'S WONDERFUL DISCOVERY including its legal aspects, a plea for children and other helpless sick, by William A. Purrington, Lecturer in the University and Bellevue Hospital Medical College, and in the New York College of Dentistry upon Law in Relation to Medical Practice, one of the authors of "A System of Legal Medicine." E. B. Treat & Company, 241-243 West 23d St., New Yorkr 1900. 194 pages, cloth $1.00.

This book, written by a distinguished member of the New York bar is a most valuable contribution to the subject and it would be a good thing if it could be read by every one in the land. Several chapters are reprints of the author's articles in the North American Review which many have desired in book form.

The following from the preface outlines the author's objects:

Four of these papers deal with the exposition of Mrs. Eddy's teachings, her own account of herself and the status of her cult before the law. Another treats of the educational effect and policy of medical legislation, and the last shows how by enforcement of medical laws not consonant with pub lic opinion the apothecary in England became a general practitioner of medicine.

The best proof that the articles in the North American Review are fair expositions of Mrs. Eddy's biography and teachings is that their accuracy has not been denied, so far as their author knows. How could it be when they consist for the most part of her own words quoted by book and page so that error might be easily corrected? No willful misstatement has been made, and none, it is believed, unwittingly. The patient reader will see that there is no denial, but rather explicit and repeated admissions of the extraordinary influence of suggestion, expectant attention and mental excitation, however caused, upon the body. It is not denied that hysterical patients, morbidly introspective, the worriers, the malades imaginaires, the victims of obscure nervous ailments have been helped by Faith Cure, Christian Science, Mental Healing, Mesmerism, Hypnotism, Vitapathy and the like. But it is denied that every post hoc is a propter hoc, and that because, for instance, asthma, which often yields to a change of residence or wears out by lapse of time, and childbirth, a normal function, sometimes run successful courses under such methods, therefore gross ignorance and presumption are to be substituted without restraint or liability in daily life for demonstrably efficient skill and science. We know that a surgeon can staunch the gush of blood from a severed artery, that the physician has sweet oblivious antidotes for pain, and if called in time, can often counteract the deadly work of poison. Eddyism cannot do these things. Will Mrs. Eddy or any of her disciples venture by personal experiment under test conditions to prove that Christian Science can counteract by its arguments the effects of morphine, atropine or strychnine?

What must be obvious to any one who will think but a moment is that suggestion, expectant attention and such mental stimuli cannot operate upon babies as they do upon adults, and accordingly, as one would naturally expect, we find some of the most horrible instances of criminal wickedness on the part of Christian Scientists, Peculiar People and like faddists, in their treatment of children. One ob-

ject lesson is worth a wilderness of words, and the photograph prefixed to these papers is a volume in its self. I am indebted for its use to Charles H. Tag, M. D., of Brooklyn. The case referred to on page 113 was one of gangrene of the left foot of a child twelve years old. The lower ends of tibia and fibula being exposed and the foot attached to the leg only by the internal lateral ligaments of the ankle. Physicians advised amputation, but an ignorant woman was called in who guaranteed by prayers, passes and salves to effect a cure. She professed belief in Christian Science and mental treatment, but also in the efficacy of remedies, the use of which made her conviction possible under the law of New York. She was not a strict Eddyite, but had a system and book of her own. Eventually amputation was performed by Dr. Blaisdel assisted by Drs. Tag and Caffery. The operation was successful and the child is now in good health. Is it not horrible to think of cases of this sort, of contagious diseases, of severed arteries and fractured limbs falling into the hand of ignorant and audacious "Scientists" even when patients are conscious and willing to accept the treatment? How much worse it is when the patients are little children or unconscious adults whose lives are put by misguided kin or friends into the deadly keeping of those who lightly and boldly assume with ignorance what the learned attempt with care and misgiving.

The questions submitted to Mr. Carol Norton as set out in the appendix remain unanswered by him. They are the crux of Eddyism. Would Mrs. Eddy treat her own severed artery by arguing with it like a congressman? Would Mr. Norton discuss a fishbone out of a child's throat? If not, who will deny that the pretensions of the cult are humbug and sham of the commonest, wickedest sort?

It is by no means asserted that the disciples of Mrs. Eddy are ignorant or unintelligent. On the contrary their sincerity is willingly admitted as well as that among them are persons of unusual intelligence. But persons of intelligence and honesty ever since the world began have been deluded in amazing fashions by vulgar and ignorant imposters in religion, medicine and finance. Hope tells its flattering tale to rich and poor, wise and foolish. All conditions of men blindly follow false beacons of health and wealth set for them by fanaticism, greed and cunning. Fortunate are they who find the true light before shipwreck.

Mr. Purrington submitted the folfowing to Mr. Norton, Mrs. Eddy's foremost apostle:

If 'matter' is only erronious 'mortal mind' and therefore non-existent in mind illuminated by the right thought of Christian Science, and if the material aids to the injured of drugs, bandages, splints etc., are unnecessary and even harmful for the proper treatment of physical injuries, will you kindly tell me what course you or Mrs. Eddy would adopt in any one of the following cases:

(a). Walking along the street, a brick falls from above and cuts your head causing blood to flow?

(b). A child at the table swallows a fish-bone and is in peril of strangulation?

(c). Your child is riding in a street car and a person with confluent smallpox sits down beside it.

(d). A child in the street is run down by a cable car and bleeds from a severed artery?

(e). A baby falls from a window and fractures its skull?

Although Mr. Norton and Mrs. Eddy claim to successfully treat such conditions Mr. Norton gave only evasive answers to the questions.

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## LEADING ORIGINAL ARTICLES.

### THE DIAGNOSIS OF DISEASES OF THE STOMACH.

LECTURE DELIVERED AT JENNER MEDICAL COLLEGE

By Walter B. Metcalf, M. D., Professor of Diseases of the Stomach and Intestines, Reliance Building. 100 State Street. Chicago.

[Continued From Last Number.]

#### THE TEETH.

Another thing of very great importance in this field is the care of the teeth. The functions of the teeth are important. They exercise a great influence in the production of articulate sound; they have a keen, tactile faculty by which they recognize the texture of food and detect the presence of foreign bodies, but their most important function is for mastication and insalivation, two essential preliminaries to digestion. The loss of the teeth is with many of the lower animals the limit of life, and the failure of mastication through the edentulous age is a frequent cause of intractable dyspepsia in the human subject. This fact cannot be too constantly remembered by the practitioner. The restoration of mastication by means of artificial teeth is often the immediate cure of imperfect digestion, which diet and drugs have failed to influence.

#### THE OESOPHAGUS.

The next thing to learn about on our way down to the stomach is the oesophagus, for it may be the cause, or have within it, the cause of death. We will not speak of the various diseases, but only of the mode of examination. The oesophagus, though beyond our sight, may be examined with very great accuracy. This is done in in a number of ways. We are called on to determine if it be in a normal condition, or if constriction due to cicatrization or spastic contraction be present, or if there be present any foreign body or foreign growth. The examination is made by introducing either the oesophageal sponge probang, rigid sounds or the tube. If there be a stricture and dilatation above it, it can best be shown by aspirating the contents of the sack by the tube. This will give very important evidence.

In complete or spastic stricture, to determine the size, if there be an opening, and for forced dilatation as a means of treatment, the oesophageal sounds are of the greatest value. They are had in various sizes and styles.

Ewald says that the best sounds are made of cat-gut. They must be flexible and are either bluntly pointed or provided with a tapering knobbed extremity.

INSPECTION AND PALPATION.

In all of our examinations the patient must be stripped to the waist. We will first examine him by inspection. We may see a bulging in the epigastrium or region just below it, often present in great dilatation of the stomach.

On palpation you may find an area of great tenderness, especially is this true in the medio-sternal line. We may also be able to find a hardening at the pylorus or hernia of the pylorus, or any nodules or tumors. Palpation will often aid us in making a diagnosis of gastric ulcers. One should cultivate the sensitiveness of the fingers to touch; make them communicate to your brain a definite idea of what they find. This method of exploration often furnishes important information. It may be performed with the tips of the fingers, with the whole hand or with both hands. We speak of the pressure as being slight or forcible, continuous or alternate.

In order to obtain the greatest amount of information by palpation, the patient should be placed in a horizontal position, with the head slightly raised and the thighs flexed, to give the greatest freedom to the abdominal muscles, and we often find them, or rather the surface of the abdomen hyper-sensitive. It often requires gaining the confidence of the patient, giving assurance that it will not give pain, and always be sure that your hands are warm, for if they are cold you may so excite the abdominal nerves that it is difficult to gain their confidence. It is essential that there be a complete relaxation of the abdominal muscles to make possible a careful examination.

[TO BE CONTINUED.]

The concluding article in the series on the Diagnosis of Diseases of the Stomach will be published in an early number of the Recorder, and will be devoted to diagnosis by means of the X-ray and bismuth emulsion. Dr. Metcalf has done original work in the diagnosis of stomach diseases by the X-ray, and the article will be of especial interest and value, and will make complete this series on diagnosis. We have received letters of commendation on this series and some of the articles have been reprinted by leading journals. Dr. Metcalf will furnish some articles later in the year on the modern treatment of stomach diseases, which will be found of equal value.

The methods of diagnosing and treating stomach diseases have changed so during the past few years, that the subject is of practical interest to all physicians. Before the introduction of the stomach tube by Krussmaul and the improvements and advancements of Ewald, the diagnosis of stomach diseases was far from satisfactory. The modern diagnostic methods, as given in Dr. Metcalf's articles, enable the practitioner to make an exact diagnosis.

Dr. Charles D. Aaron, of Detroit, well says: "Empiricism in the practice of medicine is rapidly being replaced by rational medicine. Let us use all diagnostic methods we have at our command to ascertain just what we have to combat. In other words, an accurate diagnosis is necessary before our therapeutics can be of any avail. This is more true of diseases of the stomach than of any other. The stomach is a laboratory which prepares the food for absorption or for the action upon it by the juices in the intestine. Just as soon as we know what is taking place in the stomach, it is a very simple matter to assist digestion in a rational way so that patients will respond to treatment which has a relevancy to their ailment." EDITOR.

## SUGGESTION IN RELATION TO MORBID CONDITIONS.

By J. T. McColgan, M. D., Arcot, Tenn.

We often hear it remarked of an old soldier or sailor that he has spun a certain yarn so long and so often that he has come to believe it to be true. and our profession has in a great measure become the victim of the same psychologic law in regard to curing diseases. There is no one who has more loyal feelings toward the medical profession than myself and no one who places a higher estimate on the character of the average medical man for devotion to his calling as well as his ability, but it is nevertheless true that we are descendants of a long line of pretenders and have inherited much that our better judgement condemns and yet we have not the moral courage to kick it off. We still speak about curing diseases with the utmost sang froid when the truth is that no doctor of whatever school and no medicine ever in a single instance cured a disease, the patient always cures himself. It is the natural effort of every organism to throw off waste tissues, morbid and deleterious substances and to prepare and assimilate new material, to build up and renovate. Take for instance a wound, a surgeon takes charge of it. First he cleanses it of all extraneous and deleterious substances; sometimes he uses an alkali, sometimes the chemical opposite an acid, and very often a neutral solution, but they each cleanse and that is really the important thing. Then he places the parts nicely in apposition and confines them so. Next he places the patient in a position which is most favorable for nature to heal the injury. He does not heal or cure but he puts the injury in a condition so that the patient through the exercise of his inherent attributes can heal it at the least expenditure of time and energy. Now, the physician cannot do any more in any disease. Place the patient in the most favorable condition for curing himself, this is the beginning and end of all of his attainments, of all his skill and science. One might say that "this is merely cavilling over a name, a word, and of no practical importance," but, if I succeed in the following pages in making clear my views, you will find that even a word, simple symbol as it is, often becomes as potent in its effects both on the speaker and the one spoken to, as the most powerful narcotic in our materia medica. A word is the echo of a thought, thoughts are things and habits of thought mould our capabilities in more ways than one.

We have laid down in our preceding article as almost an axiomatic truth that the subjective mind presides over all the functional activities of the body; that the subjective mind acts both automatically and by suggestion; that it is influenced by auto-suggestion, i. e., suggestion from its own objective mind and hetero-suggestion, or suggestion from some other mind or outside influence; that hetero-suggestion can only act when the objective faculties are off guard or in partial or complete abeyance and the more they are in abeyance the more potent the suggestion will act.

Now then it becomes necessary to explain what is meant by the term suggestion. We use it in a psychic sense and must not get it mixed with our lexicographic definition, and here we feel acutely the poverty of language. There is no symbol that definitely expresses the idea. So for our present purpose we will define suggestion as planting an idea on the inner consciousness and making it dominant. An idea may be implanted on the subjective consciousness by auto-suggestion, orally or through any of the five senses, but when the objective faculties are completely in abeyance,

then only mental suggestions are presented, for the subjective mind receives no communications through the senses except they be functional as conscious ideas by the objective mind and when it is in abeyance, a message coming through these channels is just like a telegraphic message coming to an office when the operator is out. The objective mind is often spoken of as the sentinel which guards the portals of the inner temple, but it is a sentinel who must continually walk his beat to keep from sleeping at his post. If he ceases his activity for a single instant he becomes careless and lethargic and shirks his duty, and two or three minutes will suffice to put him into a sleep that is oblivious to grand rounds or courtsmartial.

We may use auto-suggestion to implant dominant ideas by overcoming will and judgment by argument, sophistry or by constant iteration, also by deception. In all forms of auto-suggestion the impression enters the mind through some one or more of the five senses and is functioned by the objective faculties into a definite idea before it is received by the subjective mind. The phenomena of hypnosis commences as auto-suggestion and progresses into pure mental suggestion in what is termed the fourth and fifth stages. Thus: I tell a subject to close his hand. "Shut it tight —tight—tighter—you can't open it." When he makes an effort, I add: "No use trying; the harder you exert yourself, the tighter it will be." The subject appears to be in the full possession of all his faculties except the one center controlling the exteusor muscles of the hand. He laughs, talks, reasons amd tries to discover how the trick is done, much in the same manner as he investigates any other problem, but without success. The explanation is this: The objective faculties are centered upon one muscular movement until they are tired or lethargic, a state of monoideism is induced and the suggestion you can't open it, slips past the guard line unchallenged by the will and judgment. It is accepted as a fact by the automatic mind; no stimuli is sent to the center controlling the exteusor muscles and the seeming effort to open is expended over the opposite set of muscles and induces further contraction. The success of this experiment depends almost entirely on giving the suggestion at the proper moment and not so much on the individual peculiarities, as is commonly supposed. The individual differences lie in the fact that some persons become lethargic sooner than others and react slower; if the suggestion is given too soon or too late it arouses the objective faculties to normal activity. The most common example of utilizing auto-suggestion is by giving a placebo and assuring the patient that it will produce a certain effect. It is not every one who understands how to give a placebo and therefore they often fail of results. You must first of all impress on the mind of your patient that a certain action will benefit him; explain in a plausible manner why it is so; this fixes his attention; then impress him with the certainty and potency of the drug, the name of which should be new to him; have full confidence yourself in the scheme and the patient will carry out his part of the program to the letter. Another instance of auto-suggestion is where a patient assumes that a drug will have a certain action of his own accord, either from its taste, smell or form. Once I was giving a patient pills of acetate of lead and opium, and on my next call was informed that the pills would have to be discontinued because they purged so severely. I learned that this patient had never taken medicine in pill form except cathartics and was of the belief that all pills were necessarily purgative. This kind of

auto-suggestion gives the practitioner a wonderful amount of trouble and often causes him to make serious errors in treatment as well as to form wrong conclusions as to the action of medicines. It would not be exaggeration to say that three-fourths of the functional derangements we meet in practice are the results of auto-suggestion and many organic lesions are due to the same cause. An importaut practical point in using auto-suggestion, either incidental or direct, is this: The impression is more evanescent than mental suggestion and should be repeated at short intervals, for the idea soon fades away and becomes dim, as it were, and is dominated by newer ideas. This is why post-hypnotic suggestions cannot be given in mild states of lethargy. They are only possible in the deeper states of hypnosis where the objective faculties are in complete abeyance.

Prof. Bernheim, and following him most other writers on hypnotic phenomena, hold that "in all stages of hypnosis the somnambulist hears and understands everything, though he may appear inert and passive." I cannot agree with them so far as using any of the physical senses are concerned, because there must be activity of the objective faculties to function any impression from these senses, and we have abundant evidence that in the deeper states of hypnosis these faculties are in complete abeyance and the subject becomes linked to the operator by what is termed rapporte or organic sympathism. In these states the phenomena is more complex, because we have two minds to deal with instead of one and are thus more liable to misinterpret our facts. Thus: When an operator says to a somnambulist: "When I count five, you will be wide awake—one—two—three—four—five" and the subject promptly awakes, we are apt to infer that the subject heard the words spoken, because of his obedience to them. We must bear in mind that words are only symbols to express ideas to the objective consciousness which translates them to the subconscious mind according to an agreed or accepted meaning. One who has never studied Latin could not function the idea of love by hearing the word amo spoken or seeing it written; to do so would be an utter impossibility, and such is the case with all language. The objective intelligence must be educated to interpret the symbols before the ideas they represent can be transferred by it to the inner consciousness. Now, if the operator is familiar with some language the somnambulist is entirely ignorant of, he can give the above suggestion in it and will be obeyed just the same as if spoken in the somnambulist's mother tongue; or he may whisper it so low as that it would be impossible for the subject to hear, though his organs were ever so acute, and he will exhibit the same obedience. Before we speak a word or sentence in any language, a conscious idea must first be formed; then from memory we cull the symbols to represent it, and this is imparted to the vocal centers, which cause the proper organs to give it expression; in our mother tongue or a language habitually spoken, these psychic operations take place without making an impression on our consciousness sufficient to be felt; in a language imperfectly understood or used but seldom a more conscious effort is necessary. Then being in complete rapporte with the subject these mental operations of the operator act upon his mind direct, instead of the spoken word, and he acts from the idea instead of the word.

I have in numerous instances given post-hypnotic suggestions, which were accurately carried out without opening my lips or making a sign. A single instance is all in the limits of this article will admit of, but it is conclu-

sive of the position taken. M. N—— is a very sensitive somnambulist, whom I had under treatment for neurasthenia and anaemia for some time. One day when she was in deep sleep, I took hold of her hand and formulated the following question: "M——, if you understand what I am thinking, press my hand." She pressed it. Then I gave mentally the following suggestion: "When you awake you will immediately get out of bed, go to the water bucket and drink; then you will take my hat from the table, put it on your head and ask me if I don't think you would make a very pretty boy!" I went over this three timee and then asked mentally: "Do you understand me? if so, press my hand." She pressed my hand much harder than before. I let her sleep about fifteen minutes and awoke her. She carried out the suggestion perfectly, and in addition took up my cane and assumed the attitude of a dude, as is often represented in illustrated comic papers, before asking the question.

This condition of perfect rapporte or organic sympathism is characterized by the loss of all the senses. The subject sees, feels, tastes and smells only through the operator. You may pinch, burn, or stick pins in them without their manifesting any consciousness of it whatever; but do any of these things to the operator and they will complain of it and designate the precise spot of the injury on their own person. It is not everyone who goes into this condition of their own accord, even in deep hypnosis; but I have by patience aud perseverance developed it in what first appeared very unpromising subjects. This development must be carefully performed in perfect accord with the individual characteristics; the patient must be led step by step, and a single misstep will often undo all you have accomplished and defeat all your efforts. A volume might be written on tnis subject alone and not exhaust it, and I will only add that I am fully convinced that this condition is possible of attainment by all normal minds, and as hypnotism becomes more generally understood by the masses, many of the difficulties we now encounter will vanish.

It must not be inferred from the above that la grand hypnotism is so absolutely essential to any degree of rapporte or to the successful planting of suggestions. It commences even in auto-suggestion and increases and develops just in proportion to the abeyance of the objective faculties; but the more completely the subject is in relation to the operator the more marked and permanent will be the effects of suggestion. Another fact worthy of notice and remembering is, that people in actual need of treatment, the really sick, are more susceptible and come more readily into rapporte with their physician than do malignerers malade imaginairs or even perfectly normal individuals.

[TO BE CONTINUED.]

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The second part of this article, which will be published in the April number, gives the best methods of producing hypnosis. The series of articles will be continued several months and will be invaluable to physicians. The first article of "The Relation of Psychic States to Functional Activity" was published in the January Recorder. We still have a few copies of the January number, which we supply to those desiring to have this series complete.

As our printers and proofreader are not thoroughly up on psychic matters, a few errors were in the January article:

The quotation as motto of these articles is from Hegel, not Negel.

In 14th line of prefatory remarks, "I do not pose as a master or expert" instead of pass.

In the first paragraph, "and this interaction of forces produces the harmony of nature," not treatment.

In the 5th and 6th paragraphs read percept for precept.

In the 7th paragraph "the objective gathers and stores," not such, etc., and "the objective weakens with the body," not weakness.

In the 9th paragraph read hysteric for mystic.

In the 14th paragraph read "discover by taking it apart," instead of discourse.

In the 20th paragraph, "every living cell perishes and becomes disorganized" instead of disappointed.

## THERAPEUTIC SUGGESTIONS.

By Edw. C. Rothrock, M.D., Tennessee Colony, Tex.

Fourth Paper.

### GELSEMIUM SEMPERVIRENS.

Gelsemium sempervirens, yellow jessamine, woodbine, is a beautiful running vine, indigenous to the southern states. The root, which branches off with scattered fibres in every direction, we have traced forty feet. The root runs horizontally near the surface of the ground, and frequently will run several feet just under the ground, with leaves upon the ground. The root, when fresh, is yellow and has a pungent odor, a bitter-sweet taste, which is not unpleasant. The vine is of green color and runs to the top of the bush or tree to which it clings, branching out and covering the tree with its green foliage. We have seen it cover trees thirty to fifty feet in height. It has fine, yellow flowers, the perfume of which pervades the surrounding atmosphere. It is cultivated in gardens of the south as an ornamental vine. It flowers in April and May. The root is the medicinal part and should be used when green; it yields its virtues to water or alcohol.

Gelsemium is an antispasmodic, diaphoretic, nervous depressant, anaphrodisiac, paralyzing motility and sensibility, by acting on the spinal centers. It is a fine anti-periodic remedy, unrivaled febrifuge, depending on its relaxing and antispasmodic properties.

In remittent and intermittent fevers 10 drops of the fluid extract every three hours is prompt to reduce temperature, pain and nervousness. It will quiet all nervous irritability and excitement, equalize the circulation and produce perspiration. It will not cause purging, nausea, vomiting or irritation of the gastro-intestinal tract. In moderate doses, it lowers temperature, slows the cardiac rate, causes langour, dilates the pupils, sometimes with double vision. An overdose produces vertigo, diplopia, drooping eyelids and dilated pupils by acting on the third pair of nerves; also slow, feeble heart, muscular weakness, anesthesia, profuse sweat, loss of articulation and death by asphyxia, paralyzing the muscles of respiration. The effects of the medicinal doses wear off in three hours. Antagonists are opium, artificial respiration, faradism; alcohol, strong coffee are also good.

Gelsemium should never be used in case of weak heart or congestion. It is indicated in exalted nerve function. In cerebro-spinal meningitis it acts well, 10 drops every three hours. Two drops of fluid extract aconite should also be given to control the fever and to regulate the circulation; then one drop every three hours. To relieve the headache and pain in the back, fluid extract belladonna 5 drops every four hours, alternated with gelsemium. If pain return in the head, vertigo, convulsions, paralysis, stupor, emprosthotonos, feeble and irregular pulse, cannabis indica 2 to 3 drops alternated with gelsemium every two hours will relieve or subdue these symptoms. If mania, great motor ex-

citement and persistent insomnia are manifested, gelsemium, alternated with fluid extract hyoscyamus, 15 to 20 drops every hour or two acts promptly.

In acute and chronic mania, and puerperal, hyoscine 1-100–1-50 grain hypodermatic or fluid extract hyoscyamus 15 to 20 drops alternated with fluid extract gelsemium 10 drops every two or three hours as indicated is the best agent we ever used in such troubles. In delirium tremens and delirium of fevers it is a charming remedy. In neuralgia, gelsemium is of great benefit. In neuralgia of the fifth nerve it is specific and has a selective influence affinity, of that nerve and its branches. In spasmodic cough, gelsemium is very useful in small doses; it is of great benefit in whooping cough, and in a dry, tickling cough at night, alternated with hyoscyamus, small doses; it is useful in allaying all troublesome coughing. In tetanus, gelsemium and conium in proper doses combined or alternated act well. In epilepsy, hysteria, hystero-epilepsy, gelsemium is of decided benefit and alternated with hyoscyamus, conium, and belladonna as indicated will relieve most convulsive disorders. In nervous and bilious headaches, colds, pneumonia, ague cake and malarial fevers, gelsemium is one of the best remedies we have for such troubles, Quinine, of course, should be used in malarial troubles to tone up the system, etc., which renders the cure more prompt. Gelsemium obviates those unpleassnt effects of the head, produced often by quinine. In gout and rheumatism, gelsemium can be combined with colchicum, guaiacum, or any other remedy with advantage. Nephritic and cystic irritability have promptly yielded to its action. In labor, where there is rigidity of the os or perineum, fluid extract gelsemium, 5 drops every fifteen or twenty minutes will relax the parts. It is a valuable aid in parturition when its use is called for or indicated.

PILOCARPUS JABORANDI.

This is a Brazilian plant, which contains two alkaloids, pilocarpine and jaborine, an oil and a peculiar acid. Its taste is hot and pungent. The leaflet is the part used.

It is a paralizer of the vaso-motor nerves, a stimulant of the peripheral terminations of the secretory nerves supplying glands and involuntary muscular fiber. Hence it is a diaphoretic and sialogogue, a cardiac depressant, myotic, emetic, causes profuse perspiration and salivation, flushes the skin; nasal, bronchial and lachrymal secretions are increased. Pilocarpus is rapidly diffused; it is eliminated by the skin and salivary glands. The urine is increased but little, urea is eliminated greatly, action of the heart is increased at first, then lowered, arterial tension is reduced and the temperature falls. Drowsiness, pallor, chilliness, contracted pupils, succeed; its effects last from four to six hours. It produces contraction of the uterus, bladder and spleen. Atropine is antagonistic. Morphine controls nausea and vomiting. Cactus, nux and alcohol counteract its effects.

In diphtheria the following has a charming effect:

℞ Pilocarpine muriate, gr. ss.
Pepsin, gr. xx.
Acid muriatic, gtts. ii. to iv.
Aqua, ℥ ii.

M. et S. One to two teaspoonsful in wine every one to three hours.

Under its influence the mucus and salivary secretions are greatly increased and quantities of diphtheritic membrane are expelled from the throat, fever abates, respiration is more free, and convalesence is established in six or seven days. In erysipelas it is a potent remedy, 20 drops of fluid extract jaborandi every three hours is of great use; tincture chloride iron 10 drops alternated with it will aid the

cure. In croup it is specific in the asthenic form, but the depressant action on the heart must not be forgotten in both diseases. In the phlegmonous type of erysipelas, aconite 1 drop every two hours alternated with fluid extract belladonna 2 drops is very useful and will aid the jaborandi in the cure, reducing the fever and redness of skin, dermatitis, and relieving the headache and delirium. Fluid extract rhus toxicodendron is indicated, 1 drop every two hours, in vesicular oedema and purple color of skin; the local application of tincture veratum viride 1 part, glycerine 2 parts, is very useful applied twice or more each day. Jaborandi is also a good local remedy in such troubles. In the malignant form of erysipelas, arsenic, Fowler's solution, 2 drops every four hours has a good effect; when there is a tendency to gangrene or typhoid condition, arsenic given in plenty of water is indicated and will do good. If there is wild delirium fluid extract stramonium 5 drops every three hours often relieves this condition if belladonna fails.

In dropsy, pilocarpus is of the greatest use and in renal dropsy it is especially efficient. In diabetes it is a good remedy, reducing the quantity of urine promptly and relieving the kidneys by acting on the skin. Fluid extract rhus aromatic, 20 drops every twenty-four hours is also a good and efficient remedy to lesson the quantity of urine; they could be given in alternation. In pleuritis, meningitis and inflammations of serous membranes, pilocarpus jaborandi is wonderfully efficient in removing exudations. In Bright's disease it is of the greatest advantage in both acute and chronic forms. In fact jaborandi is applicable to nearly any febrile or inflammatory condition, but it must be used with caution, as it is very depressant.

We have often cured croup with jaborandi; it is a specific, pilocarpine or fluid extract jaborandi either can be used, per ora. It is an excellent remedy in bronchitis, pneumonia, and in all acute affections of the respiratory organs, the secretions are restored and congestion relieved. Asthmatic attacks are promptly relieved by jaborandi or pilocarpine hypodermatically. Acute tonsilitis is quickly aborted by 10 drops fluid extract jaborandi every hour or two; the troublesome tenacious mucus covering the throat, tonsils, palate and pharynx disappears rapidly under its use.

Jaborandi is certain and efficient as a galactagogue; it promptly stimulates secretion of milk. Pilocarpine or fluid extract jaborandi, 5 drops every three hours will surely produce a flow of milk. A poultice of the leaves applied to the mammae will aid greatly in the secretion of milk.

Jaborandi is used to great advantage in eye effections, as amblyopia choroiditis, iritis, etc. In uremia and puerperal eclampsia, of renal origin, jaborandi pilocarpus can be used frequently with success. In parotitis it gives prompt relief. In cutaneous diseases it is very useful as in eczema, herpes, prurigo, acne, stone pox; if given in small doses will cure or aid in the cure of such diseases.

Its physiological action on the sudoriparous glands is to wash out impurities and eliminate them through those glands of the body. Jaborandi is a charming remedy when used with caution and when indicated, in doses to suit condition existing. Its depressing effect on the heart should never be forgotten.

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Dr. Rothrock is giving us the results of an extensive and varied experience in these articles. He tells us what he has observed and not what some book says. The variance of action of some remedies is explained by several alkaloids in the plant.—Ed.

# CATARRH.

## ITS NATURE AND CURABILITY.

By O. F. Baerens, M. D., Commercial Building, St. Louis, Mo.

Professor of Diseases of the Nose, Throat and Ear. St. Louis College of Physicians and Surgeons.

Notwithstanding the abundance of literature devoted to diseases of the nose and throat, far too many physicians still regard catarrh as a disease per se and treat it as such. Month after month medical journals contain the writings of doctors throughout the country who speak of "the great American disease," others who speak of a "reliable treatment for catarrh," and other evidences of an insufficient knowledge of the subject are ever before us. That such is the case is unfortunate for both doctor and patient; that the layman has all sorts of erroneous ideas concerning nasal catarrh is well known. His ignorance is pardonable; he has received the bulk of his misinformation from the literature of the advertising quack who distributes it with a lavish hand all over the country and the tenor of which is that "catarrh is a loathsome disease, which runs into consumption" unless promptly treated according to the methods of the advertiser. This is accepted as gospel truth and swallowed whole. The doctor has been taught differently, or if he has not, he has ample opportunity to inform himself correctly; hence ignorance on his part is less excusable, though some allowance must be made. Now that clinical teaching is a prominent feature in all well regulated colleges (something which our older professional brethren could not take advantage of), it will not be long ere the results of this training will be manifest.

The public, too, is becoming more enlightened day by day and will soon learn to distinguish the well informed medical man from the pretender. It no longer expects a physician to be a master of all departments in medicine, but looks to specialists just as it did to the family physician in the days of "grannies." We cannot all be specialists, but all of us are expected to have some correct knowledge of diseases which we undertake to treat. This much we owe to the public whom we serve. That far too much reckless and bungling work is done by uninformed men, is daily brought to our notice and often indeed the damage is not to be undone. This kind of work encourages the public in their belief that catarrh cannot be cured and causes them to accept assurances contrary with much skepticism. If now these sufferers do obtain relief after receiving proper treatment, their gratitude and confidence is gained and their appreciative efforts are of marked benefit to the doctor who has been successful.

Let us now pass to a consideration of what catarrh really is. The term catarrh means a flow, and may be applied to many conditions characterized by excessive secretion as nasal pharyngeal, gastric, vesical, or vaginal catarrh. Catarrh in any form is a symptom only, never a dlsease in itself, and in the nose or throat is dependent for its existence chiefly, upon some one of the many forms of obstruction within the nose or throat, or both, and secondarily, may depend upon some perverse physiological function of one or more organs.

The nose has long been regarded as the organ of smell and little else was known about its other far more important office, that of respiration, until comparatively modern physiologists demonstrated it. Still later we learned that the nose took a prominent part in sound production and in acting as a filter for the lungs. The nose is divided into two halves, by the bony and cartilaginous septum. The lower portion is known as the

respiratory region, the upper as the olfactory region. On either side of the septum are rounded bodies jutting out into the cavity called turbinals or turbinated bodies. Of these there are three on each side, situated above each other and called respectively the inferior, middle and superior turbinated bodies. These small bodies are composed of lymphoid, glandular and erectile tissue, covered by mucus membrane and ciliated epithelium traversed by capillary blood vessels and nerve filaments. These little bodies secrete many ounces of moisture each day, likewise a certain amount of mucus and serve to prepare the inspired air for the lungs, by warming it and impregnating it with the necessary amount of moisture. It is manifest how important this is, and had not nature made this provision, the delicate lung structure would not be able to long resist the injurious and varying currents of cold, dry, warm, dust and poison laden air which enter uninteruptedly.

Through the various influences upon the nervous system, be they climatic changes, irritants, such as dust, foreign bodies or gases, or systemic disturbances, as the exanthematous diseases measles, scarlet fever, diphtheria or anaemia, plethora, digestive disturbances, improper modes of living, poor hygienic surroundings and many others, the function of the nose is temporarily disturbed and gives evidence thereof by various symptoms, as sneezing, a serous or mucoid discharge a sense of heat and dryness and the like, according to the intensity of the causative factor, which symptoms usually subside as the body approaches the normal condition. This increased secretion of serous mucoid or purulent character constitutes the "catarrh," and when due to transient systemic disturbances without obstruction anywhere in the nasal chambers, is spoken of as acute or simple catarrh.

Should there be an obstruction in the nose, and there usually is in all cases of so-called chronic catarrh, there will be a discharge as long as the obstruction remains. These are the cases that are not benefited by the sprays, douches, snuffs, etc., no matter who uses them or how long they are used. These obstructions may be polypi, new tissue growths, septal spurs, exostoses, cartilaginous outgrowths, deviations or deflections of the septum, asymetrical developments of the nasal chambers or malformation of the structures within the nose, and many others. In connection with obstructions it must be remembered that contact, anywhere in the nose, means irritation, and with irritation in the nose we have hypersecretion and catarrh with all its sequelae. The sequelae of persistent catarrhal discharges should be remembered as grave disturbances of the ears and throat trace their origin to this continuous scource of irritation.

Seventy-five per cent. of all ear troubles are due to a faulty nose, and when it is considered how slowly some of these ear cases respond to treatment and how few are entirely cured, it behooves us to sound a warning note occasionally, anyway. The constant danger to life and limb of those afflicted with deafness, is seen on our busy streets almost hourly, yet most of this could have been prevented by timely attention to the nose. I need not go into detail as to how the ear becomes involved secondarily, mere mention of the close anatomical relationship of the eustachian orifice in the naso-pharynx will suffice.

The pharynx and larynx become involved through the law of gravity. Secretions flow down along the floor of the nose and over the soft palate, produce uncomfortable sensations and necessitate incessant hawking and spitting, which is annoying and embarrassing to many persons of fine sensi-

bilities. This excessive expectoration is a recognized source of disease in many instances, and the continuous hawking and clearing of the throat detracts much from the enjoyment of the sermon, concert or play, from those who are not obliged to indulge in it.

While I cannot agree with many writers who claim that chronic catarrh of the stomach is caused by a chronic catarrhal discharge from the nose which reaches the stomach chiefly at night when it is swallowed during sleep, still I have treated many cases of chronic nasal catarrh in which gastric symptoms of more or less degree were present. These were occasioned by the persistent efforts to rid the throat of the thick, tenacious mucus which had accumulated during the night and which adheres so stubbornly to all the structures of the throat, that the parts become very sensitive and irritable and much gagging and retching and often vomiting occurs. It is easy to see that if this continues for any length of time the digestive system will necessarily suffer derangement. Every physician using a tongue depressor frequently, has noticed these abnormally sensitive throats, and many may have wondered what it was due to.

That the lung structure often becomes involved when the function of the nose is disturbed or destroyed, due to obstruction, when mouth-breathing is indulged in, or in cases of atrophic rhinitis, where the cold and dust laden air is carried unchanged to the delicate lung tissue, I have demonstrated to my entire satisfaction time and again as have others, and the charlatan dwells on this feature very strongly in his literature, well knowing its effect on the readers mind. Of the many other remote effects of chronic nasal affection, such as coughs, asthmatic symptoms, neuralgic pains about the eyes and ears, etc., lack of space forbids my going into detail concerning them. Suffice it to say that when they are present due consideration should be given the nose as a probable or possible cause.

As to the curability of catarrh, I will say that it greatly depends on the cause. If it can be determined what the causative factor is, much is gained, and if the cause can be removed, success is certain. In making the prognosis the general health of the patient must be taken into consideration. Ascertain as to his mode of living, his diet, his occupation, his nervous system, his place of abode, if in a low and damp, or high and well drained locality. Then make a thorough examination of the nose itself by aid of strong reflected light and mirrors. Look for points of contact within the chambers, see whether or not mechanical obstructions to respiration exist, or whether there are any new growths, polypi or malformations of the septum or turbinals. See if there are crusts and an atrophy of tissue, note the odor of the breath, inquire as to constitutional trouble, syphillitic, cancerous or tubercular, consider all these well and decide accordingly.

As to treatment, no one particular plan can be outlined, as each case must be individualized. In some cases hygienic treatment, if intelligently carried out, is all that is needed. Some cases require local and constitutional treatment combined, and in others surgical treatment alone will give permanent relief. Nasal disturbances respond very readily to proper treatment, and in a vast majority of cases permanent cures can be effected if the patient will assist the doctor by following instructions faithfully and intelligently.

The writer well knows that in the above he has not added anything new to the already abundant literature, but if he has succeded in presenting one single thought of value, he will feel amply repaid for the time expended on the preparation of this paper.

## PASSIFLORA INCARNATA

By J. P. Thorne, M. D., Janesville, Wisconsin.

Passiflora incarnata, passion flower or May-pop, has been recognized by the profession of late years as a valuable medicinal plant. It is peculiarly efficient and pleasant in its action as a hypnotic, analgesic and anti-spasmodic. There are over two hundred species of the passiflora, several of which are indigenous to South America, but the passiflora incarnata is found in the southern states of this country. Prof. Ellingwood gives the following description of it in his Materia Medica: Plants of the passiflora family are herbs or woody plants with alternate leaves and conspicuous stipals, climbing by simple auxiliary tendrils; the flowers also auxiliary, usually pith bracts underneath, and a joint in the peduncle; calyx with very short cup and five divisions which are colored inside like the petals and often with a claw-like tip. Fruit edible, as large as a hen's egg, trailing or low climbing with three deeply separated leaves, a pair of glands on the petiole and one or more on the small bracts; the purple crown of the handsome flower (two to three inches across) rather longer than the pale petals.

Dr. Ott, of Philadelphia, has studied the physiological action of passiflora and his conclusions are that it is a drug of considerable power, depressing reflex activity of the spinal cord, possessing an advantage over most other nerve sedatives, in that it stimulates respiration and has but slight temporary effect upon the circulation—two valuable factors of safety.

Passiflora is a potent remedy in insomnia of any kind, whether due to irritability, excitement, nervousness, exhaustion, overwork, hysteria or to various diseases. It is of use in insomnia in persons of all ages, from the little babe to the very aged. It produces a natural sleep, from which the individual awakes refreshed and without any depression or any unpleasant after-effects from the drug.

As an anti-spasmodic in asthma it is sometimes very efficient, relieving the paroxysm and causing the patient to fall into a natural sleep. This action also makes it of use in some cases of hay fever. It is well to remember passiflora and give it a trial in these distressing, and often obstinate diseases.

Passiflora has been used successfully in many diseases where an anti-spasmodic was needed. In cholera, epilepsy, puerperal eclampsia and infantile convulsions, careful observers have reported good results.

Neurasthenia and hysteria are diseases in which passiflora often is of the greatest value, even though all all other remedies have been tried. There are many other diseases in which passiflora has been used, but space will not permit mention of them at this time.

One of the virtues of passiflora is that it is non-toxic. In using it, however, it is necessary to have a good preparation. John B. Daniel, of Atlanta, Ga., is the pioneer in the production of a reliable product. His concentrated tincture is the preparation generally used on account of its trust-worthiness. Daniel's is the preparation I use, and I use it with the assurance that it is just what it is represented to be. Dr. Joseph Adolphus, who has used passiflora extensively, says: "J. B. Daniel, of this city, makes the preparation of passiflora and one that gives the most uniform satisfaction. I use it, and nearly all other physicians, who have any adequate knowledge of passiflora as a medium, use Daniel's concentrated tincture."

I have used passiflora incarnata, Daniel's, in a class of cases which I have seen no reports upon before. In the treatment of insufficiencies of the ocular muscles, I have found passi-

flora incarnata, Daniel's, very useful. The part which irregularities of the ocnlar muscles have in the production of headaches and various reflex disturbances, has been largely recognized during the past few years. Sometimes the proper adjustment of glasses relieves these troubles, and again it is necessary to operate. But whichever method of treatment is followed, sometimes the relief is not complete, and in such cases I have found the passiflora of service. I could report a series of these cases treated with passiflora, but it would be a mere repetition. I present the following case report, which is typical of many more:

Miss A., aged 25 years, milliner, complained of headache, insomnia and general nervousness. An examination showed hypermetropia and astigmatism. Lenses were supplied, which overcame these defects, with 3 degree prisms for the convergence present. The glasses gave marked relief, but not as much as desired; so passiflora incarnata was administered for a time with decided improvement in all respects.

J. Stewart Norwell, M. C., C. M., B. Sc., house surgeon in Royal Infirmary, Edinburgh, Scotland, in an original article written especially for Medical Reprints, London, England, reports a number of cases of headache successfully treated, and terminates his article in the following language: "One could multiply similar cases, but these will suffice to illustrate the effects of five-grain antikamnia tablets in the treatment of various headaches, and to warrant the following conclusions I have reached with regard to its use, viz.: (a). They are a specific for almost every kind of headache. (b). They act with wonderful rapidity. (c). The dosage is convenient. (d). The dangerous after-effects so commonly attendant on the use of other coal-tar analgesics are entirely absent. (e). They can therefore be safely put into the hands of patients for use without personal supervision. (f). They can be very easily taken, being practically tasteless."

In discussing the various substitutes for iodoform, B. S. Yonge, M. D., C. M., physician at the Manchester Hospital for Consumption, Manchester, England, (Medical Brief, Februry, 1900) says that europhen is one of the best substitutes for iodoform. Without being devoid of scent, it does not produce a sledge-hammer oder like its congener. It is non-toxic, adheres well to a wound, does not cake, and, owing to its lightness, a given weight, as compared with iodoform, will cover a surface five times the area of the latter. The general opinion is that this drug can be used in all cases that are benefited by the application of iodoform. In venereal ulcers it sets well, and in these cases should certainly replace iodoform. In summing up the relative advantages of the substitutes of iodoform as compared with that drug, the author states that europhen is probably the most efficient substitute as far as antiseptic action is concerned.

Dr. E. S. Pettyjohn, the well-known, popular and efficient superin tendent of the Alma Sanitarium, will spend a year in Europe, in rest and study. He has made the Alma a leading Sanitarium, and will still retain his interest in it. He may locate in Chicago, upon his return, and devote himself to what he has specially studied.

Brown iodide of lime is useful in many conditions where an iodide is needed. It is considered by many to be specific in membranous croup.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE.

(Second paper).

By M. G. Price, M. D., Mosheim, Tenn.

### CALCIUM SULPHIDE.

Calcium sulphide is a white amorphous compound formed by passing a current of $H_2S$ over lime. Its reaction is alkaline and on being exposed to the light for a time acquires luminious quality and also looses its medical virtues. When we dissolve the drug in cold water, we decompose it by the action of carbonic acid, liberating sulphuretted hydrogen and forming carbonate of lime; but when we dissolve it in warm water, we form the hydrate of lime, liberating the sulphurated hydrogen—so that the real remedy is sulph hydrogen

The drug is decomposed in the body. The calcium sulphate passing out with the pus and the sulphuretted hydrogen being absorbed by the blood, is eliminated by the lungs, skin, kidneys, etc. Acting upon our knowledge of this peculiar action of the drug we cured our son of la grippe without the use of any other remedy and he made a better recovery than some of my patients who got plenty of medicine.

In it we have a parasiticide par excellence, that may be exhibited in all zymotic diseases without fear of failure. Its action in this class of cases is probably after this fashion: The sulphuretted hydrogen on being absorbed in the blood, meets and neutralizes there the toxic material produced by the disease. Acting upon this theory we treated and cured a case of puerperal septicaemia with this remedy, giving gr. ½ every hour for forty-eight hours. Our logic was this: The remedy would be decomposed in the body, becoming calcium sulphate and sulphuretted hydrogen. The first named would pass out with the feces, the hydrogen would be taken up by the blood and by its germicidal power would there meet and neutralize the poisonous products of the bacilli and thus the patient would be healed, and it was so.

From its various forms of elimination we have it acting upon the mucus membrane of the pharynx and bronchial tubes stimulating their secretions and producing free expectoration. Its action upon the skin produces sweat, though to no great degree, and also as the sulphate passes through the kidneys it produces a slight stimulating action.

Again a general action on the whole system has been observed—stimulating the circulation and increasing the appetite. It has been well used in scrofulosis, enlarged glands, suppurations, sensitive ulcers, also in the evil effects of the abuse of mercurial preparations. Inflammations of the eye readily yield to it, such as ulcerations of the margins of the lids and cornea, hypopyen, chronic catarrh of the conjunctiva, purulent inflammation of the outer and middle ear, otorrhea. It is also valuable in inflammations of the nostrils with soreness, ozena, tonsilitis, chronic catarrh of the intestines, inflammation of the kindeys, subacute inflammation of the larynx and the later stages of membranous croup are greatly benefited by it. In diphtheria it is as near a specific as any drug or antitoxin used.

We use it successfully in subacute bronchitis, late stages of pleuritis with exudation, felons and slight injuries that will not heal.

A great many practitioners handle this drug very tenderly, but we know that it is absolutely harmless. It has been given up to gr. vii per day without untoward effects. It is said to produce anaemia, but this can only occur after prolonged administration, such as might happen in treating whooping cough. Our fear of this drug is probably owing to our want of knowledge concerning it. The physicians are not liable to censure in this, but the blame rests with our writers in materia medica. Let us see what some of our standards say about it and note the extent of their information.

Bartholow says: "A succession of boils or scrofulous and other abscesses are made to mature and the expulsion of pus formed by it, it will cause threatened abscesses to abort." This is all he knows of the drug.

Dr. Potter says: "It is extremely efficient in crops of boils, scrofulous sores, glandular enlargements, acne, etc. and will prevent or limit suppuration. It must be given in small doses." This is all the doctor says about it except that it is "unofficial."

Dr. Shoemaker is better "up" on this drug. One excellency in this doctor, is that his eyes and ears are always open to any advance along the line of materia medica. His remarks on this drug are so good that we want you to know them.

He says: "Calx sulphuratta is useful in styes, acne and furuncles given in gr. ¼ to ½ doses several times a day. It hastens maturation of pustules. If given early it prevents the formation of pus, but if suppuration has occurred, it limits its extent and favors early and complete evacuation. It is serviceable in boils, acute and chronic eczema. It is likewise beneficial in the suppuration of scrofulous glands and acute tonsilitis of strumous patients with a tendency towards rapid suppuration. It is beneficial in the early stages of pulmonary tuberculosis, given in doses as large as can be tolerated. The swelling of the upper lip and tip of the nose in scrofulous children may be decidedly improved by the exhibition, night and morning, of gr. ¼. In diphtheria during the period when the membrane is loosening (all the way through from first to last we say) and suppuration is taking place give this salt in gr. 1-6 1-4 (or more) every hour."

It should be given frequently unto saturation of the patient which may be known by the scent of stale eggs in his breath. After this, less often. True, we have not used it in all the cases for which it has been recommended, but we have had a varied and valued experience with it.

A few evenings ago we were called to see a young lady in the height of tonsilitic inflammation; both tonsils were enormously swollen, so as almost to touch, and when she attempted to swallow a liquid it returned through the nostrils. High fever and other signs of a severe attack were present. She desired immediate relief, as she was preparing to visit a distant city. We told her if she would take some very nasty medicine, perhaps she would be able to go. She gladly said all right. We gave her cal. sulph. gr. ¼ in solution every hour; in eighteen hours she made the journey without harm, being greatly relieved.

As wonderful a cure as we ever saw this remedy make, was in a case of pyelitis. The patient had a badly suppurating kidney; every other day the urine would be almost pure pus. By remembering the symptoms and pathology you will not be at a loss to account for this. We placed the patient on this remedy and in six weeks he was so far recovered as to be about

his ordinary labors. He got gr. ¼ every two hours during this period.

We have seen this remedy conquer that dread disease, diphtheria, in more than one case. J. E., male, aged 14, symptoms chill, vomiting, elevated temperature, sore throat, cervical glands swollen, breath offensive, grayish, yellowish, dirty patches on tonsils, which spread to the pharygneal wall. On detaching the membrane a raw and bleeding surface was seen. We made a diagnosis of diphtheria, gave calomel gr. 1-5 every hour to purgation; calcium sulphide gr. 1-2 every hour during course of disease. When the system became saturated with this drug the membrane became detached and came away in flakes; the child made a good recovery and we place our faith in pushing the lime salt. We believe this simple, rational treatment will cure more cases than all the anti-toxins on earth. We know of 126 cases out of 127 which were cured in one epidemic by this treatment.

## ALKAKOIDAL NOTES.

By M. G. Price, M. D., Mosheim, Tennessee.

In hypertrophy of the heart, give strychnine continuously.

Cotoin is said to be wonderfully efficacious in tubercular diarrheas.

Atropine gr. 1-150 hypodermically, has been found useful in hemorrhage from lungs.

Try a whiff of chloroform for spasmodic croup. In a few moments you will have relief.

Saved! That's the word! Blessed word. "Saved" in the beginning of an attack of acute bronchitis. Saved from its shrill, rasping, dry explosive cough and accompanying asthma, with which we have suffered at times for weeks and lingeringly recovered, but we can handle it better now. Here is the remedy:

℞ Emetin, gr. 3-67.
Lobelin, gr. 1-2.
Hyoscyamine, gr. 1-250.
Morphine Sulph., gr. 1-8.

Dissolve in warm water and take at one dose. In a few hours relaxation occurs and the dry cough is changed to a moist, loose one and the asthmatic and bronchial symptoms are aborted. We have not only tried this once, but twice and thrice, with the same uniform results. Get pure drugs and try it.

Sparteine with potassium iodide is employed by Dr. Carrieu, of Montpelier, according to Merck's Archives, for cardiopathias with arteriosclerosis. Where valvular lesions accompany such generalized condition digitalis is contraindicated, because it increases blood pressure; sparteine stimulates the heart without increasing blood pressure. The association of potassium iodide in these cases is indicated by the arteriosclerosis, in which it is especially beneficial. The author gives the following formula:

℞ Potassium iodide, gr. viii to xv.
Sparteine, gr. iss.
Julep, ℥ iii.
Syrup bitter orange peel, ℥ i.

M. et S. To be taken in the course of a day.

For incoercible vomiting, Robin's formula is recommended in the Medical Record:

℞ Picrotoxin,
Morphine hydrochlor., a.a. gr. j.
Atropine Sulph., gr. 1-30.
Ergotine, gr. xx.
Alcohol, q. s. (to dissolve).
Aquae, ℥ij.

M. Sig.: Eight to ten drops in small amount of water, repeated at intervals.

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

### PESSARIES.

Twenty years ago no gynecologist could do business without the pessary; much of the teacher's time was given to the description of those small indispensible implements, the discussion of their merits and demerits and instruction about their proper application. No gynecologist of that day could claim prominence if he had not devised some modified form and named some pessary after himself. Improved methods of management and plastic gynecological surgery have rendered the pessary more and more unnecessary, until now it is almost obsolete. The recent graduate knows the pessary only from passing reference to it in lectures and may have seen a collection shown as a curiosity by the old professor who seems to have forgotten or never refers to the fact that he once wrote a valued book ou pessaries. Men in active practice find no occasion to use one from one year's end to the other.

It is somewhat surprising then to read that the Edinburgh Obstetrical Society, not only devoted much time at a recent meeting to the discussion of the pessary, but also that most of the members present allowed it a large sphere of utility. It is admitted that in incomplete prolapse, a ring or Hodge-Smith pessary proves palliative, in complete prolapse a vaginal stem furnishes support and relief, in anteversion a pessary is useless, but it finds its best sphere of usefulness in retroversion, where indeed it may give marked relief, and has proved curative in numerous instances. There is unqualified disapproval of the pessary in many quarters, leading gynecologists of the day denying that it can ever produce a cure unaided, looking upon it as merely an auxiliary, a mere temporary splint, sometimes positively injurious. A remarkable case was reported to the Louisville Medico-Chirurgical Society of a rectovaginal fistula, caused by a pessary worn only three months. There seems after all to be a limited sphere of usefulness for the pessary. It will never regain its old-time popularity, but should not be lost sight of entirely by our profession.

### REMOVAL OF FOREIGN BODIES FROM THE NOSE AND EAR.

The following, taken from the British Medical Journal, may prove serviceable in one of those minor operations, which at times tax our ingenuity and patience: The presence and approximate situation of the foreign body having been ascertained, a piece of India rubber tubing, rather less in diameter than an ordinary lead-pencil, varying in length from one to three inches, and attached to the nozzle of a brass syringe, is introduced into the nostril or meatus, as the case may be, and brought into contact with the foreign body. The piston of the syringe is then pulled out for a sufficient distance to create a vacuum in the tubing and thus draw the foreign body into or against the free end. The syringe is then withdrawn, with the foreign body attached to the tubing. In some cases it has been found advantageous to dip the tubing into glycerine before inserting it, in order to diminish the chances of air entering between the tubing and the foreign body.

Dr. Bieser advises in Pediatrics another method: The child is placed in the ordinary position for intubation, the assistant holding his hand snugly over the child's mouth; one end of a piece of rubber tubing is snugly inserted into the nostril opposite the one holding the foreign body, the other end is inserted into the operator's mouth. The operator then blows suddenly and vigorously into the nostril and dislodges the offending body.

Will this do the work? Will not the air pressure rather diffuse in the nasopharynx or pass through the eustachian tube and never affect the foreign body on the other side? Let us try it when occasion offers.

### VACCINATION.

Smallpox is spreading widely over the country, not in an alarming degree, for it is mostly of a mild type, with low mortality. But it turns the attention of physicians and the public to the question of protection by vaccination and the vigorous warfare carried on by the antis. We know the hopelessness of argument with the misguided enthusiasts; faddists of all kinds are elusive, like the proverbial Irishman's pulex irritans. The only way of combatting them successfully is by showing results. If we can convince people that vaccination really protects against smallpox and that no evil effects, accidental and secondary, as pictured by vivid imagination will follow, then this unholy crusade will die out quickly. These demands are met by modern methods of vaccination and the improved form of glycerinized vaccine lymph. Vaccination should not be looked upon as a trifling manipulation, done in a careless manner, or even given over to an incompetent midwife or country school teacher, as we have known it to be done. It is truly a surgical operation and should be performed under strict asepsis. No antiseptics are admissible, they destroy the virus; only cleanliness. Scarify cautiously, so as not to draw blood, using an aseptic needle. Do not cover the arm with any protective and use no antiseptic dressing.

Glycerinized vaccine lymph is vastly superior to any other form heretofore in use. A collective report on it, given by Dr. A. C. Barnes in the American Gynecological & Obstetrical Journal was reprinted in full in our number for October, 1899. We will recapitulate the principal conclusions derived from it: It yielded from 90 to 100 per cent. of successful takes in primary cases; it is pure and free from pathogenic organisms, therefore is not followed by inflammation, cellulitis, abscess, etc., which frequently result from vaccine points; it affords absolute protection against smallpox, while many cases of the disease occurred in those on whom points had been used in a certain epidemic, side by side with the glycerinized lymph.

Some interest attaches to the rather recent plan of using caustic potash instead of a scarifying instrument to denude the skin for vaccination. Dr. F. T. Fielder made it the subject of experiments and a paper before the New York Academy of Medicine. He concludes that the advantages of the caustic potash method are, (1), it is less painful and less terrifying; (2), it does not draw blood. The disadvantages are, (1), it takes more time; (2), it requires more skill; (3), it is difficult by this method to denude an area small enough—the vesicles are likely to be too large if the virus is very active; (4), it is less certain than scarification, no matter how skillfully done, because of the formation of an eschar which interferes with absorption.

It may be of service in private practice, as in the instance of a very nervous child.

# The Wisconsin Medical Recorder.

*A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.*

**J. P. THORNE, M. D., Editor.**

**SUBSCRIPTION PRICE:**

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**Letters, Case Reports** and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

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## THE STATE LAW.

The new law for the regulation of the practice of medicine in Wisconsin requires every physician to be registered by April 1. Each physician must get a registration certificate or license from the state board of medical examiners and have it recorded by the county clerk in the county in which he practices. We are informed that many physicians have failed to register and that the board intends to take legal action against those not registered by April 1. This law, if properly applied and enforced, should benefit every practitioner in the state, whether a graduate or not. The law should be enforced as it stands, but it should not be construed to cover more or to be more strict than it actually is. If this is done it will react to the detriment of the law. Some of those opposed to the law should consider that all the surrounding states have laws, and if the Wisconsin law should be removed the state would soon be overrun by all kinds of practitioners who could not practice elsewhere.

## BRIEF MENTION.

Zymotoid is used year after year by the same physicians, because they get desired results.

When in need of a digestant, Dr. Becker's compound is the preparation to use. Write for samples.

Remittances should always be made to us by money order, draft or registered letter. It is not safe to place money in a letter.

Do you use white pine or hypophosphites? If so, you will be pleased with the quality and price of the H. M. Merrell Company's.

A test of a good tablet is its solubility. The Butler Company makes a soluble tablet. We know this, because we have used them.

In severe epistaxis, Da Costa recommends nasal cotton plugs saturated with a solution of 1 part gelatin and 16 parts normal salt solution.

When in need of surgical dressings, write the Western Surgical Dressing Company, Milwaukee. They will satisfy you and save you money.

The City of Rome has been chartered for the physicians of the middle and western states for an excursion to Europe, Paris Exposition and the World's Medical Congresses, leaving New York June 30, and physicians generally are invited to join the party. For further information, address Dr. James W. Cokenower, secretary Iowa State Medical Society, Des Moines, Ia.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Bisol relieves vomiting.

Hydrozone cures septic troubles.

Dr. Buel's truss gives satisfaction.

Pepto-Mangan, Gude, cures anemia.

Eumetra cures many uterine diseases.

Irisol is an efficient and pleasant antiseptic.

Elkoeine is now a well-established analgesic.

Tyree's antiseptic powder cures gonorrhea.

Sharp & Smith make only the best of instruments.

Write for the Acme Company's furniture catalogue.

The great mineral water—Colfax. Investigate its merits.

Milkine is the perfect food for infants and invalids.

Diastaste tablets, Dr. Stone's formula, cure dyspepsia.

Do not ligate the umbilical cord with a string. Be up to date and use Dr. Kellogg's applicator.

Sim's obstetrical brace should be used by all obstetricians.

Every physician has daily use for formaldehyde, Leininger's.

Hydroleine is the palatable and efficient cod liver oil emulsion.

You may need a nebulizer. Buy the Eureka, and be satisfied.

Do you cure acne? If not, commence to use acneine at once.

When treating enlarged prostate, remember the value of sanmetto.

The W.-A. intestinal antiseptic is a necessity to thousands of practitioners.

Dr. Triplett, of Lincoln, Neb., offers valuable post graduate mail courses.

Pil. vigorans, made by the Detroit Alkoloidal Company, cures sexual debility.

Dr. Koonse, of Lafayette, Ind., will tell you how to cure morphine and liquor habits.

Sodium salicylate in large doses, 125 to 175 grains per day, is valuable

in the treatment of sympathetic ophthalmitis.

The Abbott Alkaloidal Company would like to send you samples of their preparations.

Bovinine is a food and medicine combined; it heals and nourishes the the weakened tissues.

Heroin is a great sedative for coughs of all kinds. Recorder readers, please send us your experience with it.

The Western Medical Supply Company offers you an elegant line of pills, tablets and granules at low prices.

Nuclein in some form is being used by nearly all physicians now. Nuclein (Aulde), sold by the Abbott Alkaloidal Company, is reliable.

When you purchase electrical goods, you wish to buy them of responsible makers; then remember that the Electro-Medical Manufacturing Company can be depended upon.

The injury done to children by excessive school work is recognized in parts of Switzerland. Children are not permitted to attend school until seven years of age, No study is allowed at home, and a week's vacation is given every six or seven weeks.

The New Albany Medical Journal for November, 1898, contains an article on "Epilepsy Treated by the Use of Bromidia," by T. Edward Converse, M. D., of Louisville, Ky., which, after discussing the use of medicines chiefly relied upon in the treatment of that disease, and giving the needful hygienic measures in considerable detail, concludes by referring to "the question often raised: How long will the patient have to keep up the treatment?" If the bromides are given, they should be continued for at least two years after the last convulsion, or if combined with the chloral hydrate in the form of bromidia, a year and a half is sufficient in most cases. If the patient is having several attacks during the day, a teaspoonful of bromidia after the attack and repeated in an hour will abort the next attack; but, as a rule, one teaspoonful will be sufficient.

Drs. W. H. Haines and J. H. Salisbury, professors of chemistry in Rush Medical college, have issued the following report: We have recently purchased in the open market in Chicago unopened packages of maltzyme with cod liver oil, and of the two other malt preparations with cod liver oil, which seem to be the most generally prescribed. We have submitted each of them to tests for the purpose of determining its diastasic power,, the method employed with all being exactly the same. The results are given below, and indicate the amount of digested starch produced by giving one part of the preparation under examination to act for 30 minutes at body temperature on an excess of pure gelatinized starch. Maltzyme with cod liver oil produced 4.981 parts digested starch. Another malt with cod liver oil produced 0.922 parts digested starch. Another malt with cod liver oil produced 0.435 parts digested starch. It is evident from the above that maltzyme with cod liver oil possesses much greater diastasic power than either of the other preparations, and therefore stands foremost as an agent for promoting the digestion of starch.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

## AN EXPERT.

I enclose you a clipping from a advertisement of an expert optician, who is acknowledged to be the best in a city of 90,000. If he is the best, it is not hard to imagine the ability of the poorest:

"ASTIGMATISM

"Is a serious eye ailment peculiar to this climate and should get immediate attention, or it will undoubtedly bring on nervous prostration and perhaps end in blindness.

"Symptom: Headaches, frowning and irritation from the effects of the sun, inflamed and granulated eyelids, dizziness and nervousness.

"I have made the correction of astigmatism my special study since I came to reside permanently in ——. That I have succeeded, thousands of grateful patients are willing to testify, independent of the large business we do, which is a flattering proof that those I have fitted are well satisfied and have sent their friends.

"Remember my services are free to all who call, whether they require glasses or not. I do my own testing and give a written guarantee for the accuracy of my test.

"Those headaches (which invariably come from astigmatism) I will guarantee to remove by taking the strain off the muscles of the eye with cylindrical lenses. I have done it already for thousands, and I can do it for you."

This is the first time that I have seen the theory promulgated that astigmatism is a serious eye ailment peculiar to any particular climate. The opticians have frequently been able to find peculiar conditions which is undoubtedly due to their excessive optical education. The same expert advertises a rough examination for astigmatism, consisting of four disks; one containing horizontal parallel lines; one perpendicular parallel lines; and two with opposite diagonal parallel lines; the horizontal lines were about three times blacker than any one of the others, so that everyone who uses the test has astigmatism. This man is right when he says he is an expert, but wrong when he calls himself an expert optician; he is an expert advertiser.

In the guarantee he gives to his patients, he states, he will exchange lenses free of charge for two years if lenses are not scratched or broken. It is a poor optician who cannot find scratches on a lens which has been worn for a good many months less than two years. J. A. PRATT, M. D.,

Aurora, Ill.

## PRESERVING HEALTH.

Our greatest study in life should be to learn to preserve our health, for when that is gone all other pleasures and happiness are also gone. Anyone who will stand out of doors in the cold, damp night air must know that he is only undermining the physical forces of life, and is laying a sure foundation for premature disease and death. Those who will over-stimulate themselves by alcoholic drinks should know that such acts are like pouring oil upon fire to increase the flame and burn up the fuel more rapidly, and that such high stimulation of all the vital powers of our body only ends in shortened life and untimely death. To guard against all such imprudent causes of disease should be our chief aim in life. A life so well guarded against needless exposures to condi-

tions that bring on sickness and sorrow will richly repay the care and precaution against violating a single law of health. The young man or lady who stands upon our street corner in damp or cold weather till late hours of the night will suffer untold pain and sickness in the mid-day of their natural lives. Let physicians, mothers, fathers and friends caution these young people against these imprudent violations of nature's laws.

W. H. GRAY, M. D.,
Michigan City, Ind.

## FROM A LOUISIANA DOCTOR.

In the absence of something more specific, it may be as well to write you a short letter from this far land of "The Sunny South." At the mention of Louisiana there arises, no doubt, before the vision of the Northern physician, a picture of swamps and lagoons, of stagnant bayous and reed brakes, of great rivers where the aligator and moccasin revel in a congenial paradise and environments. Yet, while we do not have much alluvial land and richest river bottom, still this, the northern tier of counties—we call them parishes—is as broken and as healthful as any portion of the older and eastern states. Claiboone, Bienville, Webster, Bassier, Lincoln and Jackson parishes are rolling, well-watered sections—that is there are many clear running brooks and we are as free from malaria, perhaps more so, than many portions of the northwest. Arcadia, a town of about 1500 inhabitants is situated about midway upon the dividing ridge between Monroe upon the Ouachiha and Shreveport on Red River. Our drinking water is mainly derived from seep wells which in the drouths we often have during the summer months, run very low. We have, therefore, a good deal of typhoid fever, but then it is prevailing everywhere. This winter, while trying to do a select practice, and while there are five other doctors in our place, have had fifteen cases of genuine typhoid fever in Arcadia and adjoining vicinity within the twelve months last passed.

At present it is "distressingly healthy" as the old country doctor said, and with the exception of an epidemic of measles and whooping-cough, and an occasional case of diphtheria, and now and then one of mild scarletina, there is very little doing.

Your correspondent notes with pride and pleasure the tendency to higher medical education in the United States and elsewhere. In fifties a young man out of a job could rush into a doctor's office and with very meager preliminary preparation, pose as a medical student for a few weeks attend two short courses of lectures at some medical school, perhaps both in the same year, and come out a full fledged M. D.! My! My! Now most of the states and colleges require a first-grade certificate, showing the applicant's fitness to profit by a course of instruction and qualified to undertake the study of one of the learned professions, a four year course and attendance upon four terms of six months each at some medical school.

What an advance for even a half century! Prof. H. C. Wood, the pioneer in the cause of progress in medical education says thirty years ago a cooper, out of work, passed the medical department of the University of Pennsylvania and hearing the bell ring for lectures went in, suddenly made up his mind to study medicine and graduated in sixteen months! He adds it was a mistaken kindness to spoil a good cooper to make a bad doctor.

It is claimed by some that medical education is getting to be what they designate as "top-heavy"—too much attention being given to super-structure without proper attention to the foundation. Dr. Hopkins of Brooklyn,

New York, says on this subject in The Philadelphia Medical Journal: "I have labored long and persistently to get our school to require as a prerequisite to entrance upon medical studies, the holding of an academic degree." Ours is a high and holy calling, heavy with age and weighty with responsibilities, calling for cool heads and cultivated intellects.

I am glad to be able to say my own adopted state is keeping up with the procession. She is making every effort to raise and keep aloft the standard of medical education and progress. We have a state board of health and a state medical society, both well officered and doing good work. There is a state board of medical examiners for those desiring to enter the practice of medicine. A diploma from some recognized medical college is necessary to get before this board and a certificate from this board entitles one to register and the law requires every one to register before being allowed to practice. The statute as first formulated, was essentially a criminal law, but two years experience with uncertain juries, shrewd criminal attorneys, and vacillating district attorneys showed the ineffectiveness of the legislation, and the bill was amended so as to make the process a civil instead of a criminal one. While, as the president of the state medical society says, we have escaped the shrewdness of criminal lawyers, the uncertainty of juries and political considerations of district attorneys, we have fallen into the hands of expensive civil litigation. The board has to defray the expenses of the prosecution and is almost without funds. The fee for examination is eleven dollars, and the board has kindly decided to serve without compensation, leaving the entire proceeds as a fund for prosecution.

New Orleans is becoming noted as a great medical center. The new building of the medical department of Tulane University, the various eleemosynary institutions, the immense charity hospital and annexes, with its thousands of patients annually, the Hotel Dieu, Touro Infirmary and the Sanitarium, furnish opportunities for clinical instruction that are unsurpassed. New Orleans has a Polyclinic, a school for the eye, ear, nose and throat, a training school for nurses, a perfect ambulance corps and I doubt whether the general practitioner could learn more at any the distinguished post-graduate schools than he could with the facilities for practical medical teaching in the Crescent City. With such men in the faculty as Chiallei, Elliott, Matas, Souchon and Lewis, with such representatives in the profession as Parham, Lober, Kohlman, Archinard, Berniss and many others. New Orleans medicine is not a whit behind her more famous northern sisters.

I did want to say something about the profession in Shreveport and Monroe, but this communication is already spun out to an unwarranted prolixity and I must bid you an abrupt farewell.

MEDICUS,
Arcadia, La.

## HISTORICAL CHIP.

As a recent letter of a medical gentlemen informs me that my article on Harvey's grand discovery was not complete, (?) I wish to complete it without taking the whole magazine to do it. Harvey with all his learning clung tenaciously to the old Galenic doctrine, that the blood is made in the liver, an idea as one of the historians says was expressed as late as 1655 in the 77th year of Harvey's life; this shows that Harvey had not a clear idea of the "make up" of the blood by the lymphatic system.

Here is the historic fact: Caspare Aselli of Cremona, Prof. at Padua on the 22d of July, 1622, demonstrated in

the presence of many physicians the course and effect of the nervi recurrens on the diaphragm, etc., accidentally cutting one of the lymphatics, first taking it for a stray nerve and at the same moment seeing the scientific consequences, when he saw the lymph said: "Eureka!" Following up this accident proved the ductus thoracicus and its union with the vena subclavic. If more information is wanted on this peculiar subject, it can be had by an essay, historical and scientific, of about 20 pages in writing.

F. A. Beckel, M. D.,
Sheboygan, Wis.

## CHRONIC DYSPEPSIA.

P. H., aet. 40, Hungarian, farm laborer, applied for treatment July 1, 1899. He was a strapping fellow, mostly skin and bones, of about 170 pounds weight, and would not have been thought ill except for the prominent dark rings under his eyes, his injected conjunctivae, and a drawn, hunted expression on his countenance, indicative of past trouble or imminent danger. The history he gave was somewhat as follows:

Six years previously, on his voyage to this country, he suffered from an attack of acute gastritis, attended with retchings of the most violent character. Soon after landing he recovered sufficiently to attend to his work, but say he has "never been the same man since." In all this period he has not eaten "a good square meal," nor enjoyed what he has eaten, the burning in the epigastrium after meals becoming so great occasionally that for fear of its repetition he had gone without food for two or three days at a time.

On examination it was found that he was slightly feverish, pulse rapid, tongue flabby and heavily coated, while the teeth and entire cavity of the mouth were covered with a foul-smelling sticky mucus. That the stomach received in the process of starch digestion little or no assistance from the salivary glands of the mouth was plainly apparent. In deciding on treatment it was obvious that lack of the usual amount of gastric secretion must be met by restoring the physiological conditions upon which the secretion depends. In other words, in order to relieve the inflammatory condition of the gastric mucous membrane and restore the function of the peptic glands, antiseptics were required. The patient therefore was furnished with a flask of ozonized water, made of one part hydrozone to four parts of water, and directed to wash out his mouth every night and morning, thoroughly cleansing the tongue, teeth and gums of the unhealthy mucus and any pathogenic germs it might contain. To destroy the microbic elements of fermentation in the stomach and dissolve the tenacious mucus there, a mixture of one ounce of hydrozone with two quarts of sterilized water was made, and half a tumblerful directed to be taken half an hour before meals. Having thus procured a clean surface in the stomach, the patient was advised to take immediately after meals a drachm of glycozone, diluted in a wineglassful of water, for the purpose of enhancing cellular action and stimulating healthy granulations. Of course he was ordered to select his food with care and eat regularly.

The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared, and at the end of a fortnight the patient reported that for the first time in six years he was enabled to eat his meals without dread. The treatment continued a month, resulting in a complete cure. G. Gilbert, M. D.

Danbury, Conn.

## DANDRUFF AND ITS TREATMENT.

WITH REPORTS OF CASES.

Dandruff is one of the most annoying affections which harass mortals, and it can at the same time be said to be productive of much harm to the patient. If the causes which lead to the formation of dandruff be not brought under control, we may expect the patient to be eventually affected with baldness. In fact, nearly all cases of baldness have their origin in the disease of which dandruff is a manifestation.

Dandruff is a symptom merely, and not in itself a disease. Seborrhoea, a disease of the sebaceous glands of the skin, is responsible for the condition or symptom, which is commonly known as dandruff.

There are two types of seborrhoea —seborrhoea oleosa, and seborrhoea sicca.

Seborrhoea oleosa appears in the in the form of an oily coating on the skin, presenting the appearance of a greased surface. It is a most common disease of the scalp, and when the hair is pushed back it seems as if the head had been greased with some ointment and considerable dirt or dust had accumulated. These lumps of dandruff can be torn loose from the scalp by the finger. The hair has a peculiar appearance, recalling the old fashion of oiling the hair.

The other form, seborrhoea sicca, or, as it is sometimes called, dry seborrhoea, is seen in masses of greasy scales of a dirty-yellowish color, and these often adhere very closely to the scalp. When these are picked off by the finger, very often there is a bald spot of varying size. This may be again covered with hair, or it may serve as a starting point for baldness that will eventually rob our patient of his hair.

Now it behooves the physician to prescribe for these patients who have dandruff. If a correct treatment is instituted, we can easily bring about a cure and save the patient the affliction of baldness. This, too, should be told the patient, because a great many very naturally do not know the consequences of dandruff, or rather of seborrhoea, which is its parent.

Seborrhoea, both types of it, owes their origin to the presence of a microbe, which must be destroyed by correct treatment. When this is done we shall see a change for the better in our patient; the dandruff will soon cease to give annoyance by its presence and the scalp will take on vigorous health, this being manifest by a fine growth of hair.

How can we best bring about this destruction of the microbes which produce the seborrhoea, which is responsible for dandruff?

In the first place, I use as a local application to the scalp, Dr. McNeal's Hair Tonic. This applied to the scalp acts as a tonic to the sebaceous glands and at the same time it is lethal to the microbes which produce the disease. Acting in this way it must impress any physician as a most rational remedy. It has brought me uniformly good results, and I now employ it with the greatest confidence.

Very often, however, these patients will have a very dry scalp, and we will find the circulation is most indifferent. To such patients I always give Dr. McNeal's Hair Drops—30 drops, two to three times daily. We will find the circulation in the scalp to improve, the arterioles expand and a new impetus is given to the nutrition of the scalp, and the speedy and most satisfactory results which follow are often surprising.

In a brief manner I have told of the remedies which have proved most useful and the ones on which the greatest reliance can be placed. Now let me add in this connection that to have

good results, let us not fail to impress upon our patients the importance of giving this treatment a thorough trial —not use it two or three days and then cast it aside after the improvement, which will be seen in a week, will make the patient believe he is cured. In all cases the treatment should be persevered in for from three to six weeks. At the end of periods like this we may expect to find the scalp in an ideal condition and our patient getting a new crop of hair, and having a clean scalp upon which there is not the least traces of dandruff.

The following are reports of some cases treated on the lines laid down here, are taken without selection from my notes:

Case I. This patient, a young woman, age 21, applied for treatment of dandruff. She said her hair was filled with scales and she had begun to suffer loss of hair in the year this trouble had been operative.

She took Dr. McNeal's Hair Drops internally three times daily and the Dr. McNeal's Hair Tonic was applied directly to the scalp. On this she made a speedy recovery. At the end of three weeks her scalp was entirely free from dandruff, and new hairs were growing where it had fallen out before.

Now six months after the treatment has been left off her head is free from dandruff and she has a most luxuriant suit of hair

Case II. Since getting up from an attack of influenza this patient has had seborrhoea sicca, and consequently a profuse dandruff has been in existence. His scalp was poorly nourished and he took the Hair Drops (McNeal's) three times daily, and used the Dr. McNeal's Hair Tonic as a direct application to the scalp.

These remedies acted happily and he began to improve appreciably in a week. At the end of three weeks he was well, and has not in six months had any recurrence of this trouble.

Case III. Woman, age 41, since a protracted attack of pneumonia which had taxed her system thoroughly, had had a terrible experience with dandruff. She was now having some loss of hair as a consequence. On the remedies as used in the above cases, she got along well, making a complete recovery in two weeks.

Case IV. This patient had dandruff of a profuse and troublesome character for the last year. This was gradually destroying his hair.

On the Hair Drops and Hair Tonic (Dr. McNeal's) he made a complete recovery, and has since had no return of this affliction.

MILTON P. CREEL. M. D.,
Central City, Ky.

Surgeon I. C. Railway, Surgeon L. & N. Railway, Member National Association Railway Surgeons, Member American Medical Association, Member Mississippi Valley Medical Association, Member Tri-State Medical Association, Secretary Muhlenberg Co. Board of Health, Referee for Muhlenberg Co. for Kentucky State Board of Health, Member U. S. Board Pension Examiners, Member Southern Kentucky Medical Society, etc.

## REFLECTIONS OF A BACHELOR

Written for the Recorder, After Hearing a Bachelor Patient's Tale of Woe.

Chordee;
O Gee!
I wish I hadn't got it.
All night I dance
Without my pants,
And rue the night I bought it.

Chordee:
Gee-mi-nee!
I s'pose I must endure it.
But, Dock, I know
Is infernal slow,
Or else don't try to cure it.

Chordee:
Ah, me!
I don't want it any more.
When I get well
You'll ne'er hear tell
Of my foolin' with a — ——!

H. O. WELLS, M. D.,
Andrews, Ind.

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## LEADING ORIGINAL ARTICLES.

### AIDS IN PREGNANCY AND PARTURITION.

By A. V. Hinman, M. D., 33 Woodland Ave., Youngstown, Ohio.

Fruitage in both the animal and vegetable kingdoms is a process attended with risk. The vegetable mother, the same as the animal mother, gives its vitality to its offspring. The obstetrician is engaged in a continual endeavor to obviate any danger accompanying this process as far as humanity is concerned. Indifference on his part toward a matter of such moment, cannot be attended with otherwise than disastrous results in many cases with which he is certain, sooner or later, to come in contact. A case of a young physician comes to mind, whose first confinement after graduation was a case of placenta previa. Fortunately for both him and the patient, he was ably qualified to deal intelligently with the conditions and the results were most excellent.

In a matter affecting the lives and physical welfare not only of the mothers and children of today, but also myriads of them yet unborn, indifference should not lurk in the vicinity of effort. Holmes once said that no disease would be incurable were the physician called in time, but that in many cases he should be called at least two hundred years in advance. Though we may be two hundred years behind time in being called to our patients of today, the fact still remains that we are amply ahead of the patients of two hundred years in the future. In this latter thought, our responsibility, jointly with that of our patients, is indeed impressive.

We here assume the privilege of indicting many of the more enlightened and cultured women of the present (not exempting some of the grandmothers either) for subordinating their knowledge of the laws of health and robustness to the ill-conceived idea that to be delicate is one of the absolute requisites of refinement. It is a commendable fact that it is no longer fashionable to be puny and sickly, with a continual stream of one's ills being poured into the ears of our sympathizing(?) friends. A good, strong, healthy, robust physique is a thing of beauty "and a joy forever."

It is gratifying to note the avenues for exhilarating and invigorating outdoor excersise, that are now open to women of all classes. The training of mothers should be begun in infancy and last till the menopause. The girl

should be brought to love that kind of life that invigorates and strengthens and makes ruddy. Thereby may she escape many of the vicissitudes of the puerperal state and their sequelae. Do not allow her, for one thing, to be imprisoned on the piano stool too long each day.

It is my firm belief that many of the girls of the present time are sapping their physical vitality in the school room. While an ardent admirer and supporter of our advanced educational facilities, I am strenuously opposed to sacrificing the physical to the intellectual. Many a pupil is being over educated—in fact, educated to death. Instances of nervous prostration and subsequent histories develope phthisis or life long infirmities, and whose previous histories pointed to the school room as at least a very material contributory cause, are matters of common knowledge. Nature expects penalties for the violation of her laws, and none are exempt from those penalties.

Develope the physical along with the mental faculties and build not only a talented intellect but a strong, well developed body. Let not the female become a hot-house production to be continually under the care of the physician-florist, but a well cultivated and nurtured plant that can withstand the storms of later life. Let her indulge especially in outdoor sports and work. Better a few soiled hands than a miserable and shortened life with weak offspring. "Now is the accepted time, today is the day of salvation" not only for the mothers of the immediate tomorrow but for those of the far away future—the tomorrows stretching on indefinitely.

Our girls should not be given to the habitual climbing of long flights of stairs; the long standing of the saleswomen of our mercantile establishments; heavy lifting; habitual retention of urine tending to cause displacements and to weaken the bladder walls; sedentary habits with the consequent chronic constipation tending to derange the venous circulation in the pelvic region; tight lacing and the suspension of heavy skirts depending for their support upon being tightly fastened about the abdominal walls thereby tending to drag them down with the adjacent internal organs.

During the stage of gestation, the mother-to-be should continue a reasonable degree of exericse especially such as walking. In her diet, she should avoid such articles as beans, corn bread, oatmeal, graham bread, and other articles containing large quantities of earthy salts. She should subsist mainly on fruits, potatoes, white bread, and most kinds of vegetables. Feast on fruits might be said to be the best directions to be given at this time. Such a diet will not only tend to overcome the usual existing constipation, but also to keep the osseous portion of the foetus soft and pliable and allow it at birth to be easily adjusted to the pelvic passage.

The aggravating condition of constipation during pregnancy calls for efforts on the part of the physician for its relief. Some rely on the compound cathartic pills. I am not unmindful of the irritating effects of such and the aggravated condition of constipation usually left in their wake. Hence I prefer enemas of cool water, a dose of castor oil, or a tablet of cascara sagrada. The last named is an excellant drug for this purpose as it allows the bowel to remain in as normal a condition as possible at this time. Saline cathartics merit honorable mention in this connection. All cathartic drugs acting through the nervous system to produce an increase of the secretions of the alimentary tract, should be avoided, for every stimulation of the nervous system is followed by a corresponding or increased depression and the results of such ca-

tharsis will be not only simply palliative but ultimatly detrimental. Sometimes a cup of hot milk or water before retiring will relieve the costiveness. Often the proper choice of foods, or the discontinuance of the use of baking powder, will suffice. Most baking powder contains an ingredient (alum) which is very detrimental in its effects on the nervous system, Tea is another article that it is well to use very sparingly, if not altogether prohibited in the pregnant woman with constipation. It is not a nerve food but a nerve stimulant, and besides tending through the nervous system to add to the already unfortunate state of affairs in the alimentary canal, leads also to headache by its secondary depression.

Nausea and vomiting is another trouble in pregnancy. With the existing tendency toward biliousness, it would seem that this can be somewhat avoided by not forcing the appetite. Some women, thinking they must eat for two, stuff themselves. Allow the appetite to demand the food and at the same time avoid excess at the dining table. For a time, the woman might subsist on the light liquid foods such as rice, barley water, hot milk, etc. These are assimilated by the absorbents with little effort on the part of the digestive apparatus, Acid fruit juices are useful in aiding in the assimilation of any excess nutriment. During the first month or six weeks little if any, additional nourishment is required for the embryo and the suppression of the menses will allow almost enough for its nourishment. I have also met with good success in the admininstration of the elixir of maltopepsin (ʒj after each meal, or especially after breakfast). For obstinate cases of violent emesis, one fourth grain cocaine hydrochlate per orem will be very effective for temporary relief. Chloroform and tincture iodine of each 10 drops have given good success in some hands. Chloral hydrate in a warm solution injected per rectum is also recommended.

Another feature of much importance in pregnancy, is frequent bathing. Keep the skin clean for the mother's excretory organs must now work for two. Also, her blood should be of the finest quality.

During the first stage of labor, should a rigid os or perineum confront, hot sitz baths, hot wet cloths, hot vaginal douches, will often relieve this unfortunate feature and allow a state of relaxation. I have also found the free application of an aseptic ointment of vaseline with a ten per cent strength of cocaine to be effective. The cocaine acts not only as a relaxor but as an analgesic. I have also obtained good results by the internal administration of gelsemium. If the os is hot, dry and at the same time rigid, aconite will often relieve. But in the majority of cases, the hot vaginal douches for rigid os and the hot wet cloths for rigid perineum will amply suffice and very materially aid in making parturition prompt and easy. Have the temperature of the water 115 to 120 F.

For uterine inertia, I am decidedly opposed to the exhibition of ergot. If the inertia is due to the previous exhausting efforts of the mother, produce rest for a couple of hours by a hypodermic of morphia. If the mother's strength is good, but the pains feeble and ineffectual, use massage, digital irritation of the inside of the cervix, quinine, or strychnia. In fact, it has been my practice many times to give 1-25 grain strychnia by the mouth soon after entering the lying-in chamber. It not only adds tone to the uterine pains but also to the mother herself. At the beginning of labor, of course, we do not forget to empty the rectum and bladder of their contents so as to afford more room in the pelvis.

Much more might be said on this important theme, but time and space forbid, so I forbear.

## SUGGESTION IN RELATION TO MORBID CONDITIONS.

By J. T. McColgan, M. D:, Arcot, Tennessee.

(CONTINUED FROM LAST MONTH.)

There are several methods of inducing what Bernhem denominates "Suggestive Catalepsy," but they all amount to the same thing "Fixing the attention of the subject and holding it until the objective sentinel is wearied and careless of his duty." The idea of sleep is usually persistently kept before the mind because nearly half our lives are spent in this condition and we are more familar with its psychic phenomena than any other and the suggestion to sleep more automatically transferred to the inner consciousness. Hearing, sight, smell and feeling are the avenues we travel to reach the threshold of the subjective state and like the daring general we burn the bridges behind us, destroy the road we have traveled and leave in their place a perfect blank. Any two or three of these avenues may be used at the same time usually with quicker results than any one singly. Liebaults method of having the subject look fixedly at the tips of the operator's fingers held a few inches above the root of the nose and at the same time suggesting sleep is perhaps practiced oftener by physicians than any other, but every operator has a pet method which he considers best, and it is best for him for this very reason, he has more confidence in it. While I practice half a dozen methods I have thought that the most efficacious in leading to the deeper grades of hypnosis is what the French call "Charmee" or having the subject gaze fixedly into the eyes of the operator while he makes a slight pressure on the ulnar nerve just above the knuckle of the ring finger. This method while more fatiguing, induces a slight subjective condition in the operator also which more readily brings the subject in relation with him. One may combine suggestion with this method, though I rarely speak and in numbers of cases I have induced somnambulism when the subject knew nothing of hypnotism nor was he aware that I was trying to put him to sleep. With children this is a very satisfactory method one minute or a minute and a half, being amply sufficient to induce suggestive catalepsy. But in any and all methods perfect self possession and self confidence on the part of the operator is absolutely essential. It must be remembered that from the very initial proceeding of inducing hypnosis to giving therapeutic suggestions that you are planting or fixing ideas in the consciousness of the subject and you must have definite ideas and not doubts to plant. Make-believes won't work; if you can't feel perfectly conscious of your ability to accomplish what you propose you had better let it alone for you will be likely to injure your own future development and perhaps spoil a good subject.

A great deal has been written and said in regard to the manner of giving suggestions and the tone of voice which is most impressive. This part of the subject after what we have said in defining suggestion might be left to the common sense of the reader. Of course the manners of a physican practicing any method of healing disease should be of a character to inspire respect, hope and confidence. His bearing toward his patients should be kind and sympathetic and he should not be much given to bandying jokes or idle gossip. While aware that in hypnosis the spoken words are not heard by the subject he should remember that they have an effect on himself, that is to more clearly form his ideas, so redundant words or phrases should be avoided, firm and decisive words come from clear cut definite ideas. Never give vague or contradictory suggestions. Don't attempt to deceive the subjective mind of your

patient, you can't do it if he is fully in rapport and you may permanently destroy your influence. If you are aware of anything impolitic to communicate keep it out of your mind while treating the patient. Suggestions either mental or oral should be repeated firmly two or three times a minute or so apart at each sitting. Don't suggest too much or too many things at a sitting. Don't wake your patient too abruptly, let him sleep fifteen or twenty minutes and awake by a suggestion to awake at the expiration of that time. If he is in the deeper states of hypnosis ask him if he is ready to be awakned and be governed by his reply. Don't try to perform common stage experiments with your somnambulic patients, remember you are a physician and not a showman, and if you use these subjects for amusement your therapeutic suggustions will soon find the level of the illusions and become of little effect. It is always best to have no sight-seers around but in the case of female patients common prudence dictates that some discreet female friend or relative should be present. As to tone of voice, I almost invariably give oral suggestions in a low tone or whisper, I don't play to the gallery or make a parade for effect, a simple business like air is better. Having observed in numerous instances that when spontaneous amnesia results that the suggestion given is more permanent I have taken this as a hint to suggest forgetfulness to patients the two first sittings after which he will remember nothing that is said or done at subsequent sittings and I always make it a rule as soon as the first appearance of the suggestive state is observed to breathe over both ears and say "now you will hea no outside noises, nothing will disturb you" this permanently fixes his attention and soon brings him in relation with you.

Hypnosis of itself, without any therapeutic suggestions has a beneficent effect. It relaxes the tension of the body more completely than any natural sleep an invalid ever gets. It relaxes capillary spasm and thus equalizes the circulation. The intercostal muscles are relaxed, the patient breathes deeper and slower, the heart beats more regularly and all the functions are performed automatically. This is shown by the skin becoming warm and moist and the feet and hands of many patients perspire freely. I have induced hypnosis in acute and chronic disease of almost every kind met with in ordinary practice and I have never known any one to complain of ill effect; on the contrary, they all say they feel rested, exhilarated and strengthened. The patient should be protected from draughts, be placed in a comfortable position, reclining or lying down; take plenty of time to bring on the effect gradually; avoid abrupt waking and you need not fear operating on the most delicate or weak invalid.

When we remember that most morbid conditions are the results of malnutrition from disturbed or perverted functions and that these functions are under the immediate control of the subjective mind and further, when we remember how amenable this mind is to control by suggestion as is proven beyond doubt in actual experiments on the somnambule, we are forced to the conclusion that suggestion is more rational than a great deal of our material therapy. The one thing necessary is to fully understand the laws govering this condition of receptivity and the means necessary to bring all our subjects without exception into this condition. There is no radical difference in the subjective minds of different individuals, they all possess much the same powers over bodily functions, but some are guarded more rigidly by their objective sentinels and it is more difficult to pass the guard line. Objective education will do

much to remove this trouble and the family physician is the instructor who can best impart this knowledge. Half the time he spends in trying to keep up with new-fangled proprietary nostrums and fake German pharmaceuticals would equip any reasonably educated physician with a sufficent knowledge of psychology to educate the masses in the science which is of vastly more importance to human health and happiness than any other they can possess.

I will not trespass on the patience of my readers by reporting cases which I have cured by suggestion, or their intelligence by giving a list of the diseases that it will cure—in fact I have never been much given to treating the names of diseases by any method except perhaps with contempt. I usually look at conditions and it is perfectly indifferent to me whether they are called hog-cholera or measles, typhoid fever or mumps. If I find congestion of any part I try to equalize the circulation, for where there is too much blood in one place there is always too little somewhere else. If I find any function too active I try to inhibit its action with as little interference as possible with other functions. If I find one not acting sufficiently I try to induce it to act. So when I say I have promoted nutrition general and local, increased secretion, respiration and innervation as well as securing local and general anesthesia by suggestion, I think I have said quite enough for the intelligent clinician, but I can go still further and keep within the strictest bounds of veracity. It controls pain, promotes sleep and breaks up vicious habits of mind or body with more certainty, celerity and permanancy than any drug we possess. For a long time now my morphia, chloral and other narcotic drugs have remained untouched and I am not on speaking terms with the coal-tar family—I have not reported any cases of "heart-failure" either.

In some cases and some individuals general suggestions of improvement will be received and acted upon whether they be given directly or indirectly and it is from this class that Christian Scientists and many other faith curists make capital, but by far the greater number of invalids require specific suggestions, that is, to direct functional acitivity in the best direction to remove morbid or effete substances and to build up new cells. In these cases a knowledge of physiology and pathology is absolutely essential. In some cases incidental suggestion enforced by small doses of medicines will act better than will suggestions alone; in other cases I have found medicine habitues the most intractible patients and have been compelled to break the habit of taking medicine just as I would the opium, tobacco or liquor habit before any beneficial results would be observable—persons with chronic constipation as well as confirmed hypochondriacs and dyspeptics belong to this class.

I do not wish it to be understood that every patient is to be hypnotised. Routinism is still less admissible in suggestive therapeutics than in medicine, by far the largest number of cases are treated by incidental suggestion and by directing auto-suggestions. In all acute diseases and purely functional disturbances these are generally sufficient, but there is no hard and fast rule, each case must be treated according to its own individual peculiarities. suggestion like every other force in nature acts best in the time of the least resistance. Fixed ideas are of varying degrees of intensity whether they be morbid or normal and what we propose to do by suggestion is to make a normal idea dominate a morbid one: not that disease is a mere figment of the mind, but because the morbid idea

inhibits or arrests the natural and inherent methods of resisting disease and repairing the damage it causes.

At the risk of reiteration I wish to further impress upon the minds of those proposing to experiment with psychic phenomena of any kind how easily they may be led to wrong conclusions by purely unconscious mental suggestion. Thus if you have a firmly rooted concept that complete organic sympathism cannot be induced you close the door to this stage of hypnosis against yourself, for this idea will be of itself a more potent suggestion to the subject than any verbal suggestion you can give and will prevent him from passing into this stage. Again, if you firmly believe that the objective faculities remain active, that amnesia and unconsciousness are only a sort of make-believe, this belief of yours will act as a suggestion to this effect just like a subsequent hypnosis elevates to the waking consciousness all that took place in a preceding hypnosis. Sensitive subjects will take dominant ideas as suggestions without any conscious act of the will on the part of the operator, and as it is impossible for you to make an idea you conceive to be false dominate one you conceive to be true in your own mind so you cannot perform a like feat on the mind of a subject who is en rapporte with you. All that is denominated deception and illusion perpetrated on a somnambule is merely passive and he is in reality no more deceived than you are, he is simply acting out your thoughts without questioning their correctness, relying implicitly on your will and judgment because his own is in abeyance. You can at any time call up before your own consciousness all sort of fantastic visions and revel in these day dreams though conscious when the attention is directed to them by the will that they are unreal and this somewhat intensified is the condition in active somnambulism. In treating patients by suggestion do not encourage active or talkative somnambulism for it distracts the subconscious attention from the suggestions you desire to fix on their minds. If necessary to communicate with them at all. "Let your communications be Yea, Yea, and Nay, Nay, for whatsoever is more than these cometh of evil."

## OBSTRUCTION TO UPPER AIR PASSAGES.

By Austin J. Mummert M. D., 126 Main St., Ottumwa, Iowa.

That obstruction to normal ingress and egress of air through the upper air passages has much to do with the health of the individual, is no longer questioned, and more and more attention is being given to this most important subject right along. As is well known, air is moistened and heated in the nasal and post-nasal passages and the larynx, and the hairs in the anterior nares sift the air of particles of dust, etc, which lodging in the floor of the nose, is propelled along with the mucous by the cillia of the epithelium to the natual outlet.

Another important function has recently been ascribed to the nasal mucous membrane of the roof of the nose, that of oxydization of the blood that supplies the anterior inferior portion of the cortex of the frontal lobe of the cerebrum; one observer recently published the results of his investigations along this line, calling attention to certain cases of nasal obstruction where this osmosis was prevented, and described the nervous phenomenon resulting similating dementia.

We can readily understand how this is possible, when we think of the thin shell, the cribiform plate of the ethmoid, along with the mucous membrane below and the dura mater above as constituting a very thin layer

between the cerebrum and external world.

I know of a case in which there was obstruction almost complete in both nares; the patient had deflected septum, hypertrophied turbinated bodies and polypi in great numbers; the patient was extremely irritable and peevish; was temperate in habit. After removal of polypi and part of the middle turbinated on each side. a remarkable change was noted in his demeanor and health rapidly improved and sense of smell was restored.

Another case of mine, male, fifty-five years of age, temperate habits, very nervous; this was exceedingly distressing for him as he was a mechanic. I found polypi and turbinated bodies occluding nasal passages on both sides, and he also had a deflected septum; he was greatly annoyed by numerous paroxysms of sneezing, was very despondent, had very poor appetite. I removed several polypi, sawed off his left middle turbinated, and cauterized the right middle turbinated; patient lost a great deal of blood in the operation, and to this fact, I attribute a great part of the success of the operation. That evening he seemed to be suffering from shock, and was almost in a collapsed condition when I called. I administered stimulants, which revived him rapidly; next morning his hands were steady and not a tremor could be detected, and he seemed brighter intellectually and with all very much better.

In both of these cases, their ears had suffered by the stenosis of nasal cavities. Prof. Seth Scott Bishop, of Chicago, recently told me of a servant girl at his home whose membrana tympani registered each inspiration, and that he could distinctly see it vibrate. This teaches us the importance of having a free passage for the air through the nose, and that it is as important for the ears to have ventilation through the Eustachian tubes, in order to keep the tympanic cavity in a healthy condition, as it is to have pure, moist and warm air reach the bronchi. In both of the cases just mentioned there was a post-nasal catarrh as well as nasal, and they frequently suffered from attacks of bronchitis, especially in winter when breathing the cold air directly into the lungs through the mouth. Mouth breathing does not always occur in those suffering from partial obstruction, the amount of mouth breathing depending upon the amount of obstruction.

In speaking of mouth breathing, that of children is the most noticeable, and means most to the surgeon for if this habit is maintained during the years of development there always results more or less deformity of the features. Luschka's tonsils are given credit for producing a greater number of mouth breathers in children than from any other cause. I have found pharyngeal tonsils to cause it to as great an extent as the third tonsils.

Obstruction in the nasal cavities was mentioned as causing mouth breathing. An incident illustrating this came under my observation recently, a boy ten years old was brought to my office to be treated for nasal catarrh; he was a mouth breather. I found the pharyngeal tonsils, about normal size, Luschka's tonsil slightly hypertrophied but not enough to account for the mouth breathing. Upon inspecting the nasal cavities, I found what I supposed to be a suppurating tumor, in the floor of the left nostril, but after cleansing the part thoroughly, I was able to feel that there was bone present. I removed quite a bony mass; I then tried to see if there was any connection between the bone of the arch and the segment I removed but could find none; upon a closer scrutiny I discovered the child was minus his middle turbinate on that side, so that bone had sloughed off at its attachment and was laying in the floor of the nasal

cavity, producing his nasal catarrh, that was exceedingly offensive, it also seems to have been the cause of his being a mouth breather.

Where the mouth breathing persists after the obstructions have been removed, much can be accomplished towards the cure, by teaching the child to breath through the nose, instructing the parents to call the child's attention to it as often as necessary, until the habit is permanent. The case just mentioned had been suffering about five years and the amount of pus he had swallowed during that time was undoubtedly more than was conducive to health; I am sure of this for the child is better in every way since the bony mass was removed. I observed a deformity of the left external auditory canal, that must have owed its origin to the pathological condition of the canal; there was a history of former suppurative otitis media, and from the amount of swelling over the mastoid, one would think had possibly been a mastoiditis at one time. The canal had its walls in apposition and by pulling upward and outward on the external ear I was able to see the membrana tympani, very poorly developed and cicatrix showing a point of a former perforation; hearing was less than one half as good in the affected ear as on the opposite side, bone conduction was however about normal. Obstruction produced by chronic hypertrophied pharyngeal tonsils predisposes the patient to attacks of acute catarrhal inflammation of the nasal and post-nasal mucosa, that endangers the hearing.

Children who have enlarged tonsils are as a rule delicate and anemic. This seems to hold good in young adults. I recall a case of a young lady 22 years old, mouth breathing, with characteristic contracted features; she had both pharyngeal tonsils greatly hypertrophied, and intumescent rhinitis in both nasal cavities; trouble had been growing gradually worse for the past two years. I removed both tonsils, cauterized the follicles in the pharynx and the membrane over the middle turbinated bodies. The uvula was hypertrophied and elongated, and so I removed part of that, then there was room to get medicament directly to the balance of the diseased membrane. I must also mention that a considerable amount of trouble had been set up in her ear on account of the obstruction and subsequent extension of the diseased process of the mucosa; in two months time the patient was well.

The features will, however, remain permanently distorted with the characteristic countenance of a mouth breather. This young lady had not only, the local manifestations of disease of the upper air passages but complained of gastric disturbances as well, showing that much of the secretion had been swallowed, setting up a diseased process in the stomach and possibly the intestines.

The custom of advising patients to wait until puberty for the child to outgrow the enlarged tonsils is a practice that is to be condemned. We know that as long as these masses of lymphatic tissue are obstructing the free passage of air into the lungs, whether it be the lingual pharyngeal or the so called third or Luschka's tonsils, the individual is predisposed to recurrences of acute catarrhal conditions that stand in the way of complete development; again the sense of hearing is not free from danger as long as the hypertrophied tonsils exist. The operation is not altogether free from danger as a few cases of death from hemorrhage are recorded, but with the modern appliances for controlling the excessive bleeding, there is little cause for fear. I think there is not enough care taken in the operation of tonsillotomy, to thoroughly remove the organs, for those distressing cases of

chronic follicular tonsilitis results from failure to clear the throat of the mass. Surgical interference in cases of obstruction in nasal cavities in my opinion should be promptly dealt with, surgically, for the sense of smell and hearing are at stake.

## THERAPEUTIC SUGGESTIONS.

By E. C. Rothrock, M. D., Tennessee Colony, Tex.

(Fifth Paper.)

### ACONITUM NAPELLUS.

Monkshood or wolfsbane, is a native of Europe and is cultivated as an ornamental plant in gardens in Europe and this country. The flowers which are deep blue appear in May and June. The root is used, but all parts are medicinal. It has a bitter, acrid, pungent taste, and a very small quantity will produce a sensation of numbness and tingling of the mucous membranes of the tongue and lips.

Aconite is a powerful sensory, cardiac respiratory and spinal depressant, a diaphoretic, diuretic and antipyretic. Aconite effects the ends of sensory nerves and paralyzes both motor and sensory nerves. It is a powerful remedy for good or bad and has been termed the "therapeutic lancet". It is valuable when rightly used as it subdues fevers and inflammations. Its great power over the circulation, respiration and transpiration is of great value in some conditions, and its efficacy in this respect renders it a boon in all troubles manifesting a high resisting pulse, hot and dry skin and elevated body temperature. It relaxes the inhibitory apparatus of the heart, paralyzes the cardiac muscle, respiratory centers and spinal cord in its functions, sensory, motor and reflex. The brain is affected but little.

Lethal doses produces dimness of sight, dilated, sometimes contracted pupils, great muscular weakness, irregular and labored respiration, slow weak pulse, clammy sweat, cold surface, numbness, tingling, lowered temperature, death from paralysis of heart and respiration. Aconite is quickly diffused and excreted slowly. Aconite poisoning is met by atropine and morphine; ammonia antagonises its action on the heart and respiration. Digitalis counteracts its action on the heart, but its action is too slow for an antidote. The stomach should be evacuated; warmth applied to extremities; artificial respiration, alcoholic stimulants used; recumbent position must be maintained in all cases.

In erysipelas, aconite is of service and curative, particularly facial erysipelas. Menstrual suppression from cold is promptly relieved by aconite specific tincture, two drops every three hours. Diarrhea, also dysentery, from cold and other causes is frequently cured with aconite specific tincture two drops or fluid extract two or three drops every few hours. Throat affections as tonsilitis, pharyngitis, aconite one drop every hour is very efficient. In all eruptive fevers aconite acts like a charm. In pleuritis and peritonitis, aconite combined with opium is of great benefit, particularly in first stage before effusion takes place. In nearly all fevers it acts well and if inflammation be present aconite is indicated.

In scarlet fever and measles small and repeated doses of aconite are of great benefit. In measles where the eruption is slow to appear, skin of a purple color and hot, fluid extract aconite one-half to one drop every one or two hours as indicated is very efficient in reducing fever and breaking out the eruption; it also has a power in such cases to arrest the impending catarrhal pneumonia.

In puerperal fever, aconite one drop every hour or two, the bowels being kept open, is one of the best remedies

we have; if brain is involved belladonna specific tincture two drops every four hours is called for and will relieve. In acute rheumatism, aconite acts well and gives good results as it lessens fever, relieves pain and swelling of the joints and if commenced from first of attack will prevent organic heart disease. Cardiac troubles are often benefited, if manifested by over action, hypertrophy, by aconite in small doses repeated; no valvular lesions are relieved. Neuralgias are relieved and cured by aconite per orem, and local applications. Aconite has a selective affinity for the fifth nerve. Aconite, one-half grain mixed with oleic acid and chloroform is of great use locally over seat of pain.

In cholera morbus for vomiting aconite half to one drop every ten to fifteen minutes until vomiting ceases; when ejections of bowels are sour, profuse, frequent and watery, iris versicolor specific tincture two drops after every evacuation has a good effect. Creasote one to two drops is also good. Nux vomica five drops in water four ounces, teaspoonful every ten or twenty minutes is splendid for vomiting, so is arsenite copper 1-500 grain in water four ounces, dose teaspoonful every quarter or half hour. If great prostration, coldness of skin, camphor five drops every hour acts well; if there is much fever aconite one drop every hour alternated with tincture of German chamomilla three or four drops until severity of symptoms abate. If cramps of stomach, bowels and extremities ten drops of dioscorea, fluid extract or specific tincture, every ten minutes until they cease. In acute proctitis, if fever is high, aconite one drop every hour until reduced, alternated with gelsemium ten drops every three hours until febrile and inflammatory symptoms are moderated. Specific tincture ipecac five drops, specific tincture pódophyllum five drops alternated every three hours is also curative. These remedies have a selective affinity for mucous membrane, hence control capillary circulation, lessen congestion of tissue and in small doses will do good, but in large doses will do harm. The small intestines should be kept clear by mild laxatives as cascara, rhubarb, or magnesia in small doses.

BELLADONNA ATROPA.

Deadly night shade, black cherry, is a European plant, containing two alkaloids, atropine and belladonnine. The root and leaves are used. Belladonna is a narcotic, mydriatic, antispasmodic and anodyne. In small doses it is a cardiac, respiratory and spinal stimulant. Large doses are a paralyzer of secretory and motor nerves, a stimulator of the entire sympathetic system. It causes a dryness of the throat, mouth, nose, larynx; at first lessens the gastric and intestinal secretions, then produces them largely. The heart rate is slowed at first, then becomes rapid, and circulation is increased, arterial tension being increased at the same time. This is caused by stimulating the cardiac sympathetic and paralyzing the inter-cardiac inhibitory ganglia; digitalis increases both. Belladonna increases the vasomotor over the entire body. Belladonna dilates the pupils by systemic or local use; atropine has the same effect. It often produces a diffused eruption on the skin, which resembles scarlet fever, caused by capillary congestion.

In belladonna poisoning, opium is a physiological antagonist of tannic acid and emetics should be used. Aconite, quinine, pilocarpin and muscarine are antagonistic. The action of datura stramonium is similar to belladonna, but acts more powerfully on the sympathetic causing a greater degree of cardiac irregularity and more furious delirum. Action of duboisia is also similar to belladonna, being more prompt in mydriatic action and not so lasting.

Belladonna is a valuable remedy

and has a wide range of usefulness, as in convulsions, neuralgias, rheumatism, whooping cough, stricture of urethra, neck of bladder and sphincter and strangulated hernia, asthma and congestions, etc.,

A gentlemen a short time ago consulted me in regard to deafness, a case of hyperemia and occlusion of Eustachian tubes. He had noises in ears, and was very much distressed about his condition We cleaned out the ears and gave him belladonna fluid extract two drops every three hours, calomel one grain, bismuth sub. nit. one grain, bicarb soda one grain; two such powders were administered night and morning. He was well in two days.

In neuralgia of the uterus, opium one-half grain, extract belladonna one grain placed on a pledget of cotton with string attached for removal and placed within the neck of the uterus will promptly relieve.

Cystitis is promptly relieved by belladonna one drop every two hours and extract applied to perineum. Spasm of urethra or bladder is quickly relieved by its use. Spermatorrhea, is cured by two or three drops every three hours. The pain of gout, rheumatism, neuralgia, sciatica, cancer, etc., are relieved by belladonna.

In erysipelas, particularly if brain is involved, belladonna fluid extract two to five drops every three hours is curative, and applied locally. In constipation, atony of the bowels, belladonna is efficient. The extract belladonna, nux vomica, physostigma equal parts of each, ten drop doses night and morning acts promptly. In enuresis of children it is curative, ten to fifteen drops ter in die. Ptyalism in pregnancy or from mercury, etc., is arrested by atropine 1-100 grain hypodermically. Abscesses, boils, carbuncles and such troubles are greatly benefited by belladonna per orem and locally. In nasal catarrh with profuse watery discharge, it acts well. Epileptic and puerperal convulsions are relieved and it is a factor in the cure of such effections. Catarrh of the ear with impairment of hearing, cracking sounds, sensation as if the drum were bursting, we have frequently cured with belladonna, two to four drops every three or four hours. Wilted leaves of stramonium applied warm to each ear do much good; a liniment of belladonna, aconite and camphor equal parts, six to eight drops rcbbed on every few hours is also of benefit. Aconite one drop, belladonna three drops, used warm in a spray apparatus, is curative and prompt to relieve pain and reduce inflammation.

In congestion of the brain, belladonna fluid extract two drops alternated with aconite fluid extract one drop every hour until relieved; large dose will make matters worse. If in children belladonna one-fourth to one-eighth drop gelsemium fluid extract two to four drops as to age, every one or two hours will act promptly. If noise in the head, great heat, sparks before the eyes, grain 1-50 chloride gold for adults, every three hours will relieve this. Arsenauro, five to ten drops is also good, as it is in neuroses, chorea, neurasthenia and all nervous diseases. In tumors of the brain and its membranes, belladonna is of great benefit.

In hydrophobia when the brain is involved belladonna fluid extract five drops is very useful every three hours. Xanthium spinosm is highly recommended for rabies in dose ten to twenty drops every two or three hours; it eliminates the poison through the skin and kidneys. In scarlet fever belladonna is prophylactic and acts well when the rash imperfectly appears, pulse feeble, condition adynamic. Poisoning by opium physostigma and prussic acid, is well treated by atropine in small doses repeated when indicated.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE.

By M. G. Price, M. D., Mosheim, Tennnessee.

(Third Paper.)

### MACROTIN.

Macrotin is derived from macrotys racemosa, variously known as cimicifuga, black cohosh, black-snake root rattle weed, etc., and is a plant indigenous to many parts of our country and is as abundant in this locality as sedge grass and as well known (by the name of black snake-root.) There is obtained from it an inpure resin called cimicifugin, by the addition of water to the tincture, thus forming a precipitate, this precipitate being the cimicifugin, widely differing from macrotin.

Macrotin is alterative, diaphoretic, stimulant, diuretic, astringent, nervine, sedative, expectorant, emmenagogue, parturient, soporific and probably has some narcotic properties. Under the name of squaw-root, black snake-root, rattle-root etc., it has long been used by the common people for various ailments.

We well remember our first case of obstetrics in which there appeared the usual "old granny" and she had a bundle of "snake-root" and persisted in recommending it as "bein good in sich places." We did not yield to her importunings, but permitted nature to go ahead with her good work, in her own way, notwithstanding we knew of the limited value of "snake-root" in such cases. The Indians used it to facilitate child bearing, and it has long been used in rheumatism. It is a popular remedy in "female obstruction" and has well earned the title of the "woman's remedy" by its meeting so many of her wants and allaying so much of her suffering, by reason of its special action on her ganglionic nervous system. In small doses, 1-6 grain frequently repeated, it increases the activity of those glands controlled by the system of ganglionic nerves, hence the effects upon the pelvic organs are more prominent in women. It causes little effect on the virgin womb in health but in diseased conditions, it shows its active nature with dreaded energy.

It must have been observed by many that most women at the menopause have power to generate an extra amount of heat. They often want less clothing and in winter will leave their windows and doors open when other people are uncomfortably cold; sometimes this heat is not regularly distributed and bursts forth in "flushes." Women describe it as something starting at the epigastrium, spreading over the chest, then over the face, which latter becomes suffused and hot. This is extremely disagreeable to our lady friends and a remedy is warmly welcomed. We have this in macrotin, ten granules a day. We are treating a case of change of life at the present time in which the "flushes" and persistent insomnia were marked symptoms. The poor woman told us she hadn't had a night's refreshing, satisfying sleep in five years. We gave her ten granules of macrotin, 1-6 grain, a day with a result that she slept soundly the second night and continues to do so.

Ovarian neuralgia, puerperal mania and convulsions due to menstrual irre-

gularities are cured by this drug. The pains of dysmenorrhoea, when caused by congestion, are relieved by it. Pains in the head, back, and limbs, quick pulse and nervousness, when due to monthly flow are remarkably controlled by this drug. But in chorea which arises about the age of puberty has been the sphere in which macrotin has most signally triumphed. M. aged 8, family history excellent previous health, heart good, had tonsilitis, recovered from it and a week later developed a case of chorea, with these symptoms: Pain in vertex, tenderness of spine and irregular circulation, the involvement of both arms and legs, at times could not walk or feed himself, very anemic. One granule of macrotin was prescribed every two hours; at the expiration of a months treatment he is well. To get its curative effects, it must be given in sufficient doses to produce physiological effects.

It succeeds in a wonderful manner in acute and chronic rheumatism, swelling of joints, lumbago and myalgia. John S. came to us suffering with lumbago, when laying down he scarcely could arise, but after he had been about some he would experience relief.

We gave 1-6 grain of macrotin every two hours. In three days he came into the office reporting himself cured.

As an expectorant it acts well, in fact its salutary effects upon the mucous membrane of the lungs has had the effect to bring it forward as a cure for consumption. A well known physician reports that in a case of tuberculosis when he used this remedy very great improvement was manifested. The number of bacilli greatly decreased, the cough diminished wonderfully, rales markedly diminished in quantity, the respiratory murmur became freer and clearer, after only 26 days treatment.

Lately a case of sciatica yielded to

Aconitine, gr. 1-134.
Colchicine, gr. 1-134.
Atropine, gr. 1-250.
Macrotin, gr. 1-6.

One each every hour till physiological effect, then less often.

Ovarian neuralgia has yielded to macrotin, strychnine, and quinine, given accordingly dosimetric usage.

## ALKALOIDAL NOTES.

By M. G, Price, M. D., Mosheim, Tennessee.

No more effective remedy can be used in after pains than gelseminin.

As an expectorant in bronchitis, macrotin, morphine and aconitine is well used.

That disagreeable symptom of pregnancy, known as "spitting cotton", ptyalism, is happily controlled by atropine grain 1-250 unto effect.

The effect of coniine upon the reproductive organs is well known. It also acts well where there is frequent dribling urination, especially at night.

In tonsilitis, parotitis and other glandular inflammations of the throat and mouth, small doses of calomel are well used, say gr. 1-10 every two hours.

It would be well to note the difference between giving morphine alone and in connection with atropine in cholera morbus. The combination works like magic, while morphine is decidly tardy in showing up.

You need not look farther than the "Defervescent compound No. 1 for the fever and catarrhal symptoms of influenza. Give one every hour to adults; in children follow Shaller's rule," one granule for each year of the childs age, plus one, dissolved in 24 teaspoonfuls of water, a teaspoonful every thirty minutes to one hour or two as symptoms of improvement occur.

# The Wisconsin Medical Recorder.

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**J. P. THORNE, M. D., Editor.**

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**Letters, Case Reports** and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

**HALL & THORNE, Publishers, Janesville, Wis.**


## FORMALDEHYDE DISINFECTION.

Formaldehyde has thoroughly established its position as one of our reliable agents to combat and prevent disease. As a disinfectant it is now acknowledged by all observers to be the most efficient. In order to obtain the desired results a good preparation should be properly used.

The epidemic of small pox which has prevailed recently in various parts of the country has called attention to the necessity of disinfecting public places and conveyances. School rooms especially require thorough disinfection in the infected districts. Children are taken sick while at school with what in a few days proves to be small pox, such a school room should be disinfected and the question is how? The sulphur fumigation has proved to be of very doubtful utility and is not used by the health officers of today.

Dr. Frank Warner, of Columbus, Ohio, in article on this subject in the Virginia Medical Semi-Monthly says: "What disinfectant should be used? Nothing so far as we know, excels formaldehyde gas. It is reasonably certain in its action, and with slight expense. It has now been demonstrated by a large number of observers that formaldehyde gas is perfectly harmless to the finest fabrics. Varnished articles do not suffer in the least; neither do silver nor plated ware show any ill effects. The only line of fabrics that lost their color when subjected to this gas was those that very readily faded when exposed to the sun, so that practically this is no objection to its use. To make the gas effective it must be generated quickly. Dr. Wyatt Johnson, Bacteriologist to the Provincial Board of Health of Montreal, insisted on this point in his report on disinfectants, at a recent meeting of the American Public Health Association, in Minneapolis, to which I had the pleasure of listening. The more quickly you can fill the space which you wish to disinfect the greater number of germs you will have destroyed. If you require only one hour to generate the intended amount of formaldehyde gas to fill the space, it will be found far more effective than if you consume two hours in the generation of the same amount of gas. This is very easily undersood if you come to reflect that some of the gas escapes from the crevices of the doors and windows, despite the fact that you may seal them by pasting paper around the crevices."

"It is not the best time to attempt a disinfection by this gas during a high wind. The escape of the gas from the crevices of a room, of course, are greatly augmented at this time. Yet, by extra precaution to prevent as much escape as possible, and by generating a little larger quantity than you would otherwise, the results will be satisfactory."

"The temperature of the room exercises an influence over the effectivness

of the disinfecting power of the gas. It does better work in a warm room than in a cold one."

Dr. Warner calls attention to the fact the dust in a school room contains germs and he recommends that in addition to disinfection with the gas that school rooms be cleaned with formaldehyde. He says the window ledges and floors should be scrubbed with a 2 per cent formaldehyde solution so that it will penetrate cracks and dust.

Most authorities agree that the best way to disinfect a room is to use a large generator or lamp and thus rapidly generate sufficient formaldehyde gas to penetrate all parts. Another method of disinfection is that adopted by the Chicago Board of Health. They suspend a sheet in a room and spray it with a formaldehyde solution. They say that this method is efficient and that they have dispensed with the use of generators. When contagious diseases exist in a community too much attention cannot be given to the disinfection of school rooms, even when it is thought danger is past, germs may be mixed with dust in some parts of the room and be again thrown into the air to start a fresh outbreak.

For the protection of such communities, the school rooms should be cleaned with a formaldehyde solution and the rooms disinfected with formaldehyde gas.

The latest advancement in the use of formaldehyde consists in its internal adminstration, as a gastro-intestonal and genito-urinary antiseptic. Next month we will have a report upon this use of it.

## SOME MEDICAL HISTORY.

The Lactopeptine Medical Annual for 1900 contains a reproduction of an ancient woodcut, representing an incident in the life of Galenus, the meaning of which the editor confesses not to understand. Our esteemed correspondent, Dr. F. A. Beckel, of Sheboygan, Wis., who posseses an extensive knowledge of medical history, so rare among physicians of today, sends us the following explanation:

The picture represents the moment when Galenus (born at Pergamos, Asia Minor, A. D. 130,) wandering in the forest, accidentally saw the record of a human frame by the wayside. Galen, being a deep thinker, puts on record the product of his thoughts in Bibl. xvii, He, formerly given to pantheism, became a monotheist. (Revelation of St. John, chapter ii:15.)

He says in the book mentioned: The father of nature has shown his loving kindness to all His creatures by giving to all of them what is really beneficial to them. Let us therefore sing hymns of praise to Him. Real piety does not consist in offerings of hecatombs and costly spices, but in the acknowledgement and the praise of wisdom the omnipotence and loving kindness of God.

Dr. Koonse, of Lafayette, Ind., offers superior sanitarium advantages for the cure of morphine and other addictions at prices more reasonable than are usually charged by other institutions and does not require that any part of the fee be paid or deposited until a cure is effected; and to physicians who need such advantages or members of their family, especially low rates are offered.

The preliminary program of the meeting of the section on diseases of children of the American Medical Association, to be held at Atlantic City, June 5 to 8, has been received. An elaborate program has been prepared, wifh papers by the leading pediatrists of the country. Special consideration will be given to school children.

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

### SMALL-POX.

In several of our neighboring states, and in one city of our own state controversies have taken place between physicians and local health officers on one, and state health officers on the other side over the diagnosis of cases of eruptive disease. Local men would insist on their being cases of chicken pox, while the state officers called them small-pox. In most, if not all instances, the judgment of the state officers proved correct. As we may expect to have to face such an outbreak of disease in our state at almost any time, it may be of interest to quote a few passages from a letter written to the St. Paul Medical Journal by Dr. H. M. Bracken, the very efficient secretary of the Minnesota State Board of Health. "The controversy as to whether small-pox is, or is not, present has arisen largely because of the mildness of the disease. . . We all know that there are mild epidemics of scarlatina, diphtheria, measles, and why should there not be of small-pox . . . The disease has been prevailing in this mild form in some parts of the United States for at least three years . . . How are we to know that it is not chicken-pox? By the history of the case and if this is not enough, by the people afflicted. An epidemic that involves more adults than children should be stamped at once as small-pox rather than chicken-pox. An epidemic that begins with a very mild case and goes on progressively from bad to worse until cases arise that are unquestionably small-pox, must be recognized as one and the same disease from the begining. Such is the record of many of the outbreaks in this state during the past year . . . Two of the largest epidemics in this state during the past year have been due to the inefficiency of health officers. It behooves all physicians in this state to be on the alert for small-pox, to be suspicious of chicken-pox, so called, and not to wait for secondary fever or pustulation before they make a diagnosis". It is to be regretted that the election of a city health officer is generally the result of political combinations and that medical skill and experience count for little with the average board of aldermen.

### VIRCHOW ON VIVISECTION.

During a recent session of the Prussian diet, when the ministry was being questioned regarding certain experimental inoculations, as by syphilitic virus, done on human subjects by Prof. Neisser, of Breslau, a number of violent speeches were made disclosing the numerous popular misconceptions and prejudices against vivisection and similar experimental researches. Finally Prof. Virchow, the nestor of German scientists, rose in defense of the science to which he has devoted his life, while condemning Neisser's experiments. "I know very well," he said, "that certain women, mostly of a hysterical disposition, have united to accuse us of villainy and crime, because we submit animals to experiments. In spite of such accusations, I do not hesitate to assert that such experiments are absolutely indispensible and that it is necessary to experiment even on human beings. Look upon tuberculosis, for example. The

first experimental researches brought only unsatisfactory results. But by following the line of research we have obtained important results. Above all, the physician's conscience must decide what is permissible and what is not. Punish abuses, as you have a right to do, but do not trammel science." Such words ought to be heard before our parliamentary committee, when the Gallinger bill, prohibiting vivisection, etc., is before it.

### THE ANTISEPTIC SUIT.

While glancing through the advertising pages of a medical journal recently I had my attention arrested by a picture. What was it? A Mohammedan woman in orthodox street dress? A Ku-Klux conspirator, ready for a murderous excursion? A member of the Misericordia, the medieval Italian burial society, in the robes of his order? No, a modern physican in an up-to-date antiseptic suit.

It is certainly essential for the physician to take precaution against carrying the contagium of disease from an infected house into others. But we would hesitate to adopt the suit as pictured, for the reason that the patient, particularly a child, who sees his bedside approched by such a figure would probably be frightened so as to render the effect of treatment illusory, or even hasten the fatal end. Who could blame a parent for refusing a physican rigged up in such a mummery access to his child tossing about tortured by feverish fancies?

It seems the proud designer of the suit has carried therotical reasoning and considerations to an undue extent and incidentally lost sight of the right of the individual against the demands of the community.

### KOPLIK'S SIGN IN MEASLES.

The great advantage of the sign rests in the fact of the physican being able thereby to make an early diagnosis of measles. It consists in an eruption of small discrete spots on the buccal or labial mucous membrane, as isolated rose colored spots, and later a diffused eruption on the lips of very numerous bluish white specks. With ordinary care these cannot be mistaken and when once seen will not be readily forgotten.

### COLORING POISON TABLETS.

The Alkaloidal Clinic for April advocates the coloring of tablets and pills containing toxic elements, each of the stronger agents to have its own color and when more than one strength is made the difference to be designated by the depths of the shades. A very pretty idea indeed. A medicine case could then be made a thing of beauty; by arranging the different colors and shades in harmonious groups a man would have a chance of proving the acuteness of his esthetic sense and artistic leanings. What an ornament would a wallcase, filled in such manner, be to the physicians office. It could also be used in testing for color-blindness. But beware lest you make the poison tablet of a too attractive appearance, lest the small children mistake it for candy. People should put medicine beyond the reach of children, but cannot always do it. The fear is not imaginary. A medical friend told of an instance where he had left with a patient in the country a few of Wyeth's strychnine tablets, which have a brilliant red color. A small child found them, swallowed some and the typical spasms followed, etc. It was fortunate that a physician happened to be near. When dispensing drugs from his case the physician should carefully read the label on the container and not depend on color or any other sign. That is the surest means of preventing error.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Dr. W. E. Dulin, of Washington, D. C., writes: I have almost cured with eczemoline one of the worst cases of eczema of the legs that I have ever known. The trouble had resisted for many years and every thing had been tried without benefit. The use of eczemoline, once a day only, on retiring at night, has done the work. It is a wonderful remedy.

J. A. Stothart, M. D., Savannah, Ga., reports the following case: During November 1898, a Greek fruit vender called at my office, suffering with chronic orchitis. The patient stated that the first attack occurred four years prior to this time. During the four years there had never been more than two and a half months between the attacks. He had been under treatment most of the time, and several times in the hospitals, and had been discharged as cured by several physicians. The testicle had almost arrived at the condition of ossification, but at no time had their been any pus formation. I prescribed sanmetto and directed that the treatment be continued for two or three months. My treatment was carried out to the letter, and there never has been any return of the trouble since beginning the use of sanmetto. I have used sanmetto in other urethral troubles with very satisfactory results.

G. W. Body, M. D., Kettlersville, Ohio, writes in the Medical Brief; I used ecthol on a case of sinus extending from the inner and middle of the right thigh upward and outward nine and one-quarter inches in length. It had been operated upon in that locality twice, also once on a canal from the psoas abscess, its starting point. The sinus was lined with a tough pyogenic membrane, so that by inserting the index finger its full length occasioned no pain. The young man twenty-two years old, would submit to no further operation. I inserted perforated rubber tube, one-half inch in diamater, nine inches, burned or destroyed the membrane with chloride of zinc solution, after which I used ecthol, filled the cavity completely full three times a day, by which the pus ceased to flow from the very beginning. I continued its use until I could not insert even a catheter. I applied a rubber bandage for five weeks, dismissed him as cured; the period extended eight months. I used five bottles of ecthol. I dismissed the case in May last, and will wait to see further results, then I will try to write an article on that case and on two others on whom I used the medicine. My faith in ecthol is unlimited, and can only say the case above described, from a city of twenty-eight physicians, has increased my practice in that locality.

Dr. J. Weiss, of Vienna (Die Heilkunde, December, 1899) reports his results with various iron preparations in cases of anemia attended with gastric disorders, such as pains in the stomach after ingestion of food, and a feeling of fullness in the epigastrum. He has derived excellent results from the use of ferro-somatose in doses of three teaspoonsful daily. In one of the cases of anemia reported, due to lead poisoning, the quantity of hemoglobin increased in weight within a

month from 30 to 70 per cent., while the increase in weight amounted to eight pounds. In another instances of chlorosis the increase in hemoglobin was 30 per cent., in six weeks, and in another case 40 per cent. during five weeks. A patient who suffered from severe anemia and emaciation during the puerperal state was completely restored to health in six weeks. In all these instances, ferro-somatose was well tolerated without producing the least gastric disturbance, and in this respect the author's observations are confirmatory of those of Roos, Werner, Panzer, Klein, and others.

☙ ☙ ☙

Dr. George Brown, eye and ear, nose and throat specialist of Atlanta, Ga., one of the most widely known specialists and most skillful operators in the South, in a timely article in Moody's Magazine of Medicine said: Nothing is more annoying to a patient than a perpetual tickling cough. Whether the immediate cause be marked or mild, if allowed to continue the results are almost sure to be more or less serious. The paroxysms initiate untoward reflex impressions, augment the local disturbances; and by interfering with the patient's rest depress the vis vitae, making the sufferer readily susceptible to the inroads of other attacks. As practitioners are aware, tickling coughs are particularly numerous and stubborn during the spring and fall. It is well thereafter at such times to prescribe that which will be sure to relieve without unpleasant after-effects. In nine cases out of ten antikamnia and codeine tablets will be found almost a necessity. The well-known analgesic properties of antikamnia act excellently and synergetically with the physiological effects of codeine which has a marked salutary selective influence on the pneumogastric nerve, making this combination one of the most valuable in medicine.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

## THE LITERATURE OF CALCIUM SULPHIDE.

In the February number of the Recorder you copy an article written by Dr, Samuel E. Earp, of Indianapolis, Ind., on the subject of calcium sulphide, Dr. Earp says, "Clinical reports of the use of calcium sulphide are rare, doubtless because it is not given a deserved recognition."

Now years ago I used to sit beside Dr. Earp when we were students attending clinics at the old city hospital at Indianapolis, and at the risk of offending my former delver into clinical lore, I want to break a piece of news to him. There are thousands of pages of clinical reports of calcium sulphide in existance, printed at various times since the year 1800, and hundreds of pages are being added to the records yearly.

Under the name of hepar sulphide calcarea (liver sulphide of lime), commonly abbreviated to "hepar sulph.", it has been used by the followers of Hahnemann for over a century, and while lots of the excessively regular men in the profession were laughing at the alleged mythical effects of homoeopathic drugs, this particular one was doing good work for the little pill men in a way that was beyond your comprehension.

Now that you have finally wakened up to the realization that calcium sulphide is a good thing, study it up in the places where yon can find plenty of clinical reports, or rather where you can find definite statements as to just

when and in what case to use it. If you have a homoeopathic friend ask him to loan you his work on therapeutics, or if you are ashamed to acknowledge your thirst for knowledge in this line, go to the public library and see if you can not get a copy there. Better yet, buy some good reliable work on homoeopathic therapeutics; it will repay you an hundred fold, for you will find therein some gems you never dreamed of before. I know how it is for I have been through the mill myself; so have lots of others, Sam. O. L. Potter, Ringer, and many more who are looked upon in the regular school as bright and shining lights. Your reward may be as great as was that of Dr. John Auld who "discovered" for the regulars the magic virtues of copper arsenite; and yet cuprum ars. was used, as suggested by Dr. Auld, by the homoeopaths long before Auld was born, and is still one of their most efficient remedies.

RALPH ST. J. PERRY, M. D.
Farmington, Minn.

Calcium sulphide is a drug which must be used to be appreciated. Any physician who has used it to any extent, will always consider it one of his valuable remedies. Those of our readers who keep the Recorder bound will find considerable valuable literature on calcium sulphide in the back volumes. As we know its value from experience, we have taken pleasure in presenting its claims to our readers.

## PHYSICAL EXAMINATIONS OF CHEST AND ABDOMEN.

There are probably no two diseases met with in which the physical signs stand out more prominently than in empyema and pleurisy with effusion. I wish to report the histories of two cases which recently came under my notice.

Mrs. M. I saw in consultation, history as follows: For nearly a year she had been troubled with an occasional chill which she attributed to malaria. Previous, as we learned, she had an attack of pleurisy from which she supposed herself well. However the distressed breathing and general malaise led her to consult a physician. Upon physical examination we found absolute dullness extending to clavicle on the right side, absence of vocal fremitus, the side appearing distended, with obliteration of intercostal spaces, temperature 101. An exploratory puncture was made with hypodermic syringe with negative results; we concluded from this the nature of the fluid was pus which would not flow through the needle. We then introduced a trocar attached to aspirator and drew off one quart of pus. The patient complaining of discomfort we discontinued and saw her again the next day and withdrew by same procedure another quart of pus. Two days following we aspirated again and withdrew one pint. We decided the best thing to do in this case was to make a free incision which we intended to do the next day but sorry to state the patient died very suddenly the night of the day following the last operation. Here was a case in which a person had probably been carrying with her, for six months or a year a large quantity of pus in the thoracic cavity with little or no great discomfort until within a short time of her death. No autopsy was made but the probabilites are that sudden death was due to a rupture of a blood vessel.

H. R. aged 41 had an attack of pleurisy. I was called in the incipiency of the disease. Physical examination detected a friction sound on left side mid-axillary, over sixth and seventh ribs, accompanied with sharp pain, temperature 102, no cough. At the expiration of two weeks, temperature

was normal. I made daily examinations of chest and decided I had a case of pleurisy with effusion. There was marked dullness on percussion on left side extending to sixth rib, vocal resonance absent, breathing bronchial could be detected but had a distant sound. I decided to aspirate: introduced trocar between seventh and eighth ribs mid axillary, and withdrew one pint and one-half straw colored fluid. The patient made an uninterrupted recovery. Previous to the operation patient was pale, anaemic, the least exertion causing dyspnoea and fatigue, yet he complained of no pain. There was not at any time in the case cough, although there was as he expressed it an inclination, which he suppressed on account of pain which it occasioned. The after treatment consisted of potassium iodide grains iii three times a day, and the use of a spits bottle filled with water which the patient was taught to expel by blowing through tube, this he repeated several times a day.

I bring the history of these two cases to show how grave conditions we may often meet that we would probably overlook, should we not make a thorough physical examination. I wish here to make a statement which I hope generally may not be true yet I have known it to be the case and that is that some physicians know little of physical diagnosis. This I think is due to the fact, they rely wholly on the patient's statement and make but few manual examinations, therefore have not acquired the tactus eruditius which practice and experience only can impart.

To cite an illustration. Mrs T. aged 43 noticed she was gradually growing larger in abdomen. This increasing, she therefore insisted she was pregnant and called in Dr. A. About the sixth or seventh month, Dr. A. paid her occasional visits to see how the case was progressing and assured her she was pregnant, that the case was progressing favorably and hoped soon to be able to congratulate her on the acquisition of a son or daughter? The swelling in the abdomen increasing began to give her great trouble, the walls in the abdomen were distended to their fullest, breathing was interfered with and her general condition was becoming serious.

She began to doubt (from what she learned from other women in regard to their experiences) and said as much to the doctor, but he assured her she was pregnant, for he could hear the foetal heart sounds. The time having expired when the case should have terminated, she began to grow solicitous and called in the writer. I found the above conditions, and in addition learned she had menstruated regularly throughout her term, found the uterus in almost a virgin state. The distended abdomen gave forth on palpatation a distinct wave. There was absolutely no foetal heart sound, and after completing my examination pronounced the case to be an ovarian tumor. I requested they send for Dr. A., but they refused, saying, they had discharged him from the case. I met the doctor the next day and mentioned the subject to him. He insisted the case was one of pregnancy. Not wishing to enter into into a controversy after I had pointed out to him the physical signs, I let him rest with his delusion. Suffice it to say, the woman in a short time was operated upon and a large ovarian tumor, the contents a gelatinous consistence weighing 25 pounds, was removed. The patient made a good recovery, and the doctor is still practicing obstetrics.

We should never consider a case too trivial to give it a thorough examination. The practice of medicine and surgery at best in many cases is obscure, but how much more so when we do not take advantage of every means at our command and endeavor to enlight-

en ourselves, instead of groping our way in obscurity, darkness led astray by the ignis fatuus of blind ignorance, failing in physical diagnosis for the simple fact of not making a manual examination.

This is not written to reflect discredit, but simply as a lesson to us all to be more careful. Be thorough and should the diagnosis not be clear be not too narrow-minded to call in aid and assistance.

ANOMA LOUS, M. D.

## CASE REPORT.

Girl, aged 18, hard worker, complaining more or less for over a year, menses irregular and scant most of the time, although normal before trouble set in, appearance of consumptive, not much cough, but catarrhal and sore throat; chlorotic, emaciated, little appetite; constipated, bloating, flatulent; backache, dull pain in back of head, swimming sensation upon rising after stooping; no ambition, constant feeling of stupor and drowsiness, foetid breath, cold feet, creeping sensation along the spinal column; from three to seven days without operation of the bowels. The amount of urine voided in 24 hours only 20 ounces, much pigment, some pus, specific gravity 1.080, scalding in passing, very offensive after standing a few hours. Uterus was treble normal size, prolapsed and adherent to anterior wall of vagina.

Treatment was first a hot bath with sufficient soda and cayenne pepper in it for effect, (good handful of former and tablespoonful of latter) followed up with a quart of hot water with a teaspoonful of sodium chloride in it as an enema; also teaspoonful of Abbey's aperient in hot water every four hours until thorough operations of the bowels were obtained. Next, I broke up the adhesions of the prolapsed uterus with the finger after cocainization and inserted large tampon saturated with solution of boric acid, tannin and glycerine; these were renewed every 24 hours until lacerated parts were healed. They were followed up with hot douches of a gallon at a time, with a handful of sodium choride in each, twice daily, which in a few days reduced the congested and prolapsed uterus to its normal size and position. The bowels were kept solvent and moving by continuing the indicated treatment above given and by the addition of two constipation granules at night upon retiring. As a tonic a tablespoonful of equal parts of Wampole's malt with hypophosphites and sanguiferrin, an hour after each meal was administered. Improvement was steady and recovery complete in nine weeks.

W. B. MANN, M. D., PH. G.
Evanston, Ill.

## STRYCHNINE.

In my article on anemia, in the January Recorder, I intended my prescription to read 1-40 gr. of strychnine instead of 1-20. The former is about as large a dose as I usually give to miscellaneous patients, as more than 1-40 gr. might cause a headache. Sometimes to men I give 1-30 gr., but not as much as 1-20 unless in exceptional cases, whose peculiarities I know of in some great emergency like surgical shock.

M. C. MARTIN, M. D.,
Paxton, Neb.

The above calls attention to a fact sometimes overlooked, viz: that large doses of strychnine or its administration for a long time will often produce headaches. This is something which it is well to remember, when strychnine is being used for a long period; when the headache begins to trouble, then it is best to stop the strychnine for a few days.

## AN EYE QUESTION.

The question is frequently asked, "Why do so many people wear glasses"? This question is easily answered. The American people is a nation of readers. They read when riding and driving and when lying down; and with all kinds of light, twilight included. Children are kept in school and at their books and music from a very early age. Most ladies work at needle work a few minutes to a few hours every day. The business man, with his daily papers, books etc., has constant use for his eyes.

With these thoughts in view it is not surprising to find so many weak eyes. On the other hand, the oculists have made a careful study and investigation of eye disease. Defective eyes are much better understood at present than in years past. This alone would account for the prevalence of glasses.

Veils so commonly worn by the ladies, particularly the dotted styles, are a great source of torture to the eyes. The eyes are in a constant strain to see through these obstructions, and when they give out, we wonder what caused it. Many mothers allow strong light, even the bright sunlight, to fall directly on the eyes of their infants when lying on their backs in a baby carriage. This is very injurious to the young, sensitive eyes, and many eye troubles start from this source of irritation.

Next comes the cramming system in our schools. This is responsible for a multitude of eye troubles, and causes many nervous wrecks. The evils of overwork have claimed, in the case of school children, the attention of the Swiss officials. In the Canton of Luzerne the provision is that no lesson shall be studied at home, and that only moderate tasks be required. In the secondary schools, a ten minutes recess every half hour is called for, and a weeks vacation every six or seven weeks. Attendance at school is not to begin before the age of seven years.

A few "don'ts" regarding the use of the eyes, will be of interest as well as beneficial to most people. Don't read when riding on a train. Don't read while lying down. Don't read when the sun shines on your paper, or when facing a strong light. Don't read in the twilight. Don't use another person's glasses. Don't read when the eyes water or become fatigued. Don't read until the eyes and head ache, compelling you to stop. There are many other don'ts, but if these cardinal points are observed, we would see fewer people wearing glasses and groping about in the dark. If the eyes were properly cared for and used with prudence, the same as we exercise the muscles of the body, eye troubles would certainly be less prevalent than at present. J. W. Bird, M. D.,

Stevens Point, Wis.

## A FEW OBSERVATIONS ON NERVOUS DYSPEPSIA.

Having been a martyr to dyspepsia, the tormentor of human flesh, I have felt a keen interest in every case of this trouble presenting itself to me. There is not a remedy in the old or the newer materia medica that I have not given a fair trial. I have used a powder keg of pepsin and without but temporary results.

This form of dyspepsia has been fully recognized since the days of the classical Watson of England. One peculiarity of this is that the patients do not eructate their food as in other forms. The leading symptom is a nervous one and if the patient is lucky enough to have but one nervous symptom he should be very grateful. I have met with manifold neurotic i - turbances but I do not recall having met with a single organic lesion of the nerves.

The symptoms seem to be functional, although, with some justness,

some authors have claimed that there are no such things as functional derangements, but that all symptoms come from organic lesions too minute to be observed by human agencies. In the cases I have had the good fortune to examine by post-mortem I have found the mucosa invariably dry and puffy but without ulceration or visable inflammation.

The solar plexus is almost invariably sensitive and I have had patients remark "Doctor, I feel like something rushes from every extremity of my body and centers at the pit of my stomach when ever I get frightened." Not only that plexus but the whole sympathetic system seems to take a greater or less part in the symptoms. I have seen one case in that of a lady who would invariably become delirious when-ever her stomach became deranged even the slightest bit. She would walk the floor and tear her hair until I relived her with a quick emetic. Patients will become so nervous from this form of dyspepsia that they cannot witness an exciting scene or read a thrilling story without having a spell of palpitation of the heart. These cases have all manner of mental symptoms, and especially are they all the time dreading some terrible event they cannot explain but hanging over them continually. The cardiac region of the stomach will be found tender on the slightest pressure and I have seen cases that would vomit if the pressure was made too great. You will find the tongue a bright red and clean but coated with a slick looking mucous like the white of an egg, and if you will run your finger over the tongue you will be surprised to see how slick it is. They have more or less headache and their eyeballs become sore at times. Bowels are not usually constipated but the opposite. Urine highly colored and scant. I have witnessed some of the most distressing cases of this disease of any other in all my practice. I have treated business men who have had to abandon their business on account of not being able to concentrate their minds on their work, and too, this is one of the most prominent symptoms in many cases, and in aggravated cases they imagine they are going to lose their minds. Irritability of temper is another very prominent and common symptom and the patients will speak harshly to their best friends, but as soon as the fit wears off are very much worked up over what they have done and will seek the friend to apologise, and I believe that men have killed each other under this condition, whereas they would not have done so when in their right mind. This condition often leads to suicide.

Now as to the etiolgy I am at a loss to answer. But in nearly every case I have found more or less eye strain and other ocular troubles and now the first thing I do when I get a case of this kind is to look into the condition of the sight and if an oculist is convenient I send them to him.

You will find that they have spells of palpitation of the heart and frequently will be taken very suddenly, especially in large gatherings where there is any excitement. Really the symptoms are so very numerous that it would take a folio to enumerate them.

I always attempt to remove the accumulation of gas in the stomach in these cases of palpitation for this is dangerous if allowed to run on too long as it not only weakens the heart but I believe that patients have dropped dead in this condition. I have seen them recover from a spell of palpitation after eructating a volume of gas. This relieves the tension on the distended stomach and allows the diaphragm to descend, and as soon as that happens and fresh air gets to the lungs and the retarded flow of blood from the brain is allowed to pass to the lungs and all excitement passes off.

I use hot water and tincture lobelia to produce emesis, and occasionally when an intermittent pulse is associated with this excitement I give a little whiskey to quiet the nerves, for these patients will feel their pulse and are slow to get quiet as long as they think their heart is going to stop.

I cannot go into the pathological conditions of these cases in this short review. Treatment is what the busy doctor wants. When I began practice I made free use of the bitter tonics and the results were to irritate these cases. I, early in life, saw that I would have to allay irritation, and promote absorption of these noxious gases. I resorted to calcined magnesia, salicylate of soda, subnitrate bismuth and avoided purgatives for they invariably made the cases worse.

"Mildness is the key note." I have not had success with hydrochloric acid nor the iron treatment. The walls of the stomach and duodenum being relaxed and necessarily the secretions interfered with on account of the abnormal distension I endeavored to give as much tone to the muscular tissue as posssible. I have used a tablet made of.

℞ Capsicum, grs. 1–20.
Nux Vomica, grs. 1–8.
Sulphate Hydrastine, grs. i.
Pepsin 1–3000, grs. i.
Inspissated Ox Gall, grs. ii.

M ft. Tablet No. 1. Sig. Take before meals. This acted well in many cases and where the bowels were a little torpid I gave small doses of cream tartar. In a majority of cases they are averse to taking many different prescriptions therefore I combined all drugs in one tablet. Some time ago a prominent drug house presented me with a sample of diastaste, just what I had wished for a long while, and I then changed my tablet to,

℞ Capsicum, grs. 1–20.
Powdered Nux Vomica Ex. grs. 1–8.
Pepsin, grs. i.
Lactophosphate Soda,
Sulphate Hydrastine, grs. i.
Ox Gall Inspissated, grs. i.
Aloin, grs. 1–10.
Pancreatin,
Diastaste, grs. viii.

M ft Tablet No 1. Sig. Take before meals.

I used these tablets by number in my practice and they became so popular that I could hardly find time to furnish patients at home and those at a distance who sought them, so I turned the formula over to the Diastaste Chemical Co. of this city, and gave them some specific instructions and they now fnrnish me with a splendid tablet, and I would advise any one wishing to try them to get them from this Company, for the tablets are hard to make by hand and diastaste does not keep well in a capsule where aloin is contained.

I had a case presented to me in that of a young lady very recently and when I first saw her she insisted that she was losing her mind. She begged me to give her something to put her to sleep for she had not slept in months, and another physician had been giving her large doses of bromides and the fact of the matter every physcian she had been to, gave her bromides which had gotten her mind and her stomach in a terrible condition, I promised her I would and gave her a few of these tablets. The first night she gained in sleep and on the fourth night she slept all night long. Her appetite increased rapidly and she ate between meals. The acne on her face disappeared, and in thirty days I saw the most marvelous change. I found in her case a terrible eye strain and turned her over to Dr. J. Harvey Moore who fitted her with glasses and gave her appropriate treatment and she is now on the road to recovery. She is from Minnesota.

I have treated another case recently

with flattering results. A male patient age 62, ex-senator and lawyer, whose business necessitated a great amount of mental labor. He got so nervous he could not sleep and like most talented men resorted to whiskey to produce sleep and got to taking too much. He suffered from constant flatulency and could not sleep as long as the gas remained in the stomach. I prescribed the tablets and he wrote me that he took one at night after receiving them and slept all night for the first time in thirty nights, and requested me to send him a month's supply at once, at any cost.

You will find in these cases that the patient cannot digest much starch or pastry and the fermentation of this class of food produces the gas that not only makes them very restless but is absorbed into the blood with a long train of neurotic disturbances.

I try to keep my patient from tobacco and drink, for alcohol will invarably precipitate all the pepsin in the natural secretion much less what is administrated artificially, frequent bathing in cool water, never hot, and plenty of outdoor exercise are valuable adjuncts to the treatment.

I never diet my patients but instruct them to eat plenty of well cooked food, and fruit in abundance and to leave off all mental work until I get the secretion in the stomach corrected. In cases where there seems to be intestinal irritation I have used pancreatin with good results and have had a grain to the tablet incorporated in every tablet I use, for important absorption is done in the intestinal canal and I endeavor to utilize every force to rebuild the patient. What is known as seconds at the mill, contain all the gluten which is the only nerve food in cereal so therefore I advise that, and graham bread in all cases. Tobacco is simply a bar to a cure in nervous patients.

J. C. STONE, M. D.,
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## THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

DISEASES OF THE NOSE AND THROAT. By J Price-Brown, M. B., L. R. C. P. E., Member of the College of Physicians and Surgeons of Ontario; Laryngologist to the Toronto Western Hospital; Laryngologist to the Protestant Orphans' Home; Fellow of the American Larynological, Rhinological, and Otological Society; Member of the British Medical Association, the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc., etc., Illustrated with 159 engravings, including 6 full-page color-plates and 9 color-cuts in the text, many original. 6¼x9¼ inches. Pages xvi–470. Extra Cloth, $3.50, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

This work is written by a practitioner who was in general practice twenty years and for the past ten years has devoted himself exclusively to nose and throat practice. It is written with the view of presenting the subject clearly to the general practitioner, so that he can diagnose and treat many of the nose and throat cases he meets. As a text book for the student the book will doubtless take a leading place. It contains some things not in other books so that it should be owned by every specialist also.

The author takes good, practical, common-sense views of most subjects. Regarding diphtheria and the antitoxins he says: "In one other point it is hoped the profession will agree with the author, and that is in the exclusion of diphtheria from the volume. Every medical journal of any standing can tell the latest with regard

to this disease. Toxins and anti-toxins monopolize the attention of the medical world, and yet the exact status of one and of the other in regard to the propagation or the prevention of disease it may take another half-century to fully and absolutely define. It is not the author's desire to speak in any way slightingly of the importance and interest of these subjects, or of the absolute necessity of investigating to the utmost all that science can advance in reference to this disease. What he wishes to say is that, after taking all the circumstances into consideration, he has acted advisedly in not placing diphtheria upon the list of subjects treated of."

The following shows how clearly the writer presents his views of subjects. Speaking of turbinectomy he says: "However well complete or extensive turbinectomy may suit the moist and saline atmosphere of Great Britain, in the dryer climate of the United States and Canada it can rarely, if ever, be required. It is quite possible that entire removal would leave such an atrophic condition that the cure would be worse than the disease."

The colored plates are especially commendable as they are different from those usually published in such works. Several full page colored plates are of sections of frozen heads and present the anatomy of the parts in an excellent manner. The book is a handsome volume for the doctor's library and is printed and bound with the excellence that marks the publications of the F. A. Davis Co.

A Pocket Medical Dictionary, giving the pronunciation and definition of the principal words used in medicine and the collateral sciences including very complete tables, and a dose-list of drugs and their preparations, in both the English and Metric systems f oweights and measures by George M. Gould, A. M., M. D., author of "The Illustrated Medical Dictionary," "The Student's Medical Dictionary"; editor of "The Philadelphia Medical Journal"; president, 1893-1894, American Academy of Medicine. Fourth edition revised and enlarged, 30,000 words, $1.00. Philadelphia, P. Blakiston's Son & Co., 1912 Walnut St. 1900.

This little work contains 837 pages and every page is replete with information; 30,000 medical words are pronounced and defined clearly and tersely. The medical student and practitioner will find this handy book useful every day.

Besides the definitions some very good tables are given, among which are: arteries, bacteria, bacilli, micrococci, muscles, nerves, rales, weights and measures, clinical eponymic terms, tests, thermometric scales, synonyms and abbreviations.

The issuing of this edition is coincident with the sale of 100,000 copies of Dr. Gould's Dictionaries, a success that could only be attained by thoroughly valuable books and a success which, compared with the total number of English speaking physicians, is most remarkable. It is estimated that there are in this country about 120,000 physicians. It is here that the largest number of books are sold. If however we compare the sale with all English speaking physicians, which we estimate to number 175,000 throughout the world, the sale is still far above the average of any other medical book.

The book is elegantly and substantially bound and is a marvel of cheapness.

The Test of Time and Experience is the title of a neat little treatise, published by James I. Fellows, New York. It explains briefly the nature and effects of the hypophosphite salts.

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## LEADING ORIGINAL ARTICLES.

### SURGICAL CLINIC.

One Mornings' Work at Cottage Hospital.

By C. M. Johnson, M. D., Attending Surgeon, Harvard, Ill.

The first case I present to you this morning is that of C. R. B., a boy nine years old, who had the misfortune a year ago to break his leg in the middle third resulting in a deformity of the tibia. The deformity, as you see, forms an obtuse angle turning the foot back and shortening the leg, so that in a standing position his toes just touch the floor necessitating the use of a crutch.

Operation. Patient being fully anesthetized I will make an incision six inches long over spine of tibia, this incision including skin and superficial connective tissue. I make the opening large to give plenty of room to work, knowing that if the wound and contiguous parts are aseptic that its size is immaterial. I will now dissect muscles clean of bone on all sides, being careful not to wound the anterior tibial artery or nerve. I now have the bone at point of fracture clear of all soft parts, having been careful not to injure periosteum. I will now cut out a wedge-shaped piece from the tibia at the angle of deformity, the base of the wedge being from the anterior surface of bone. Approximating the cut ends of the bone, the leg resumes its natural contour. I drill three holes in each cut end of bone and through these holes will suture the bone together, using forty-day chromoform cat-gut. I will unite the superficial connective tissue with a continuous suture of ordinary cat-gut and close the skin with suture of horsehair. For dressing a loose piece of sterile gauze over incision. Enveloping limb in thin layer of cotton and apply plaster bandage, over which I use a gluten bandage to preserve the plaster cast.*

Case 2. Mrs. S. aged 48. This is a case of chronic cervico-endometritis also bilateral laceration of cervix-uteri, which in all probability was the cause of the endometritis. As patient has bronchial trouble I use chloroform in place of the usual anesthetic ether, as there is less liability of producing oedema of the bronchi.

I now proceed with Schroder's amputation of cervix, first washing

*Ten days after operation removed cast and found incision completely healed, and again applied a new cast.

vagina with green-soap and sterile water and mopping out with sterile cotton we paint entire surface of vagina and cervix with compound tincture of iodine. Taking heavy vulcellum-forceps I catch upper lip of os and pull well down, the vagina being held open with anterior and posterior retractors, I make incision through mucous membrane and muscular-striae of os, cutting down to cervical canal and repeat same procedure on posterior lip. The incision on either side being made high enough to include both lacerations, the cervix being amputated I stitch with chromoform catgut the mucous membrane covering anterior lip of cervix to mucous membrane covering of posterior lip with the exception of cervical canal, and here I put in two stitches uniting mucous membrane of cervix to mucous membrane of cervical canal. Pack vagina loosely with gauze smeared with cosmoline and put on bandage to retain dressing.

Case 3. G. W. aged 55. Anesthetic chloroform on account of the patient being an asthmatic. This is a varicocele on the left side. I make incision very high to get as far away from the scrotum as possible on account of its being impossible to make it aseptic.

Cutting through the skin and connective tissue and different layers over the cord, I now have the cord containing artery enlarged veins, nerve, vasdeferens; cremasteric muscle. I will separate veins from the rest of the cord for about three inches and then ligature the veins 2½ inches apart and cut out section of veins between the two ligatures, and then cut off one end of each ligature, now tying two long remaining ends of ligatures, bringing the cut ends of veins together. I will now include all the layers except the skin in a continuous cat-gut ligature. I do this to prevent any deep infection in case skin wound should become infected. Finish by suturing skin with continuous horsehair suture and cover wound with gauze and Lassars-paste, put on suspensory and put patient to bed.

Case 4. Mrs. O. B. aged 35. Has a fibroma of right breast and has chronic cervico-endometritis.

I will first curette uterus. Dilating cervix with graduated uterine sounds, and now having it dilated sufficiently to introduce curette I will curette uterus thoroughly, you see the uterus bleeds freely and mingled with the blood the evidence of previous abortions. I will now pack the uterus with strips of gauze saturated with compound tincture of iodine, leaving it in for five minutes and then repeating the same packing for the same length of time. For the third time pack with gauze just spotted with iodine and this to remain for four days unless it gives patient considerable pain, when it should be removed. Now I will turn my attention to the fibroma of the breast, making curved incision over upper part of breast about six inches in length, dissecting rapidly down to fibroma I dissect it out. With a scalpel I make a hole through the sternal side of breast from lower angle wound and put in a gauze drain. I now suture wound, using silk-worm-gut sutures to bring parts in apposition and then put in continuous horsehair suture for the skin.

In dressing all wounds, especially where deep tissues are involved, I use very large quantities sterilized absorbent cotton over the first dressing of sterilized gauze, believing that it filters from the air the numerous microbes that might otherwise come in contact with wound. In preparing patient the general bath figures conspicuously, then the seat of operation and surrounding parts are thoroughly scrubbed with green soap and sterile water, after which alcohol 95 per cent. is rubbed in, this is followed by ether in the

same manner, this is followed by bichloride 1–2000 and a dressing of gauze saturated in the last solution, well protected by sterile cotton and bandages. This is done the night previous to operation and dressing remains in place 'till patient is anesthetized for operation.

The hands and arms of surgeons, assistants and nurses are prepared by thoroughly scrubbing in green soap and warm water. This is followed by a paste of mustard and sterile water which is left on until a slight burning sensation is felt, when it is scrubbed off with green soap and sterile water. After this alcohol 95 per cent. is applied to hands.

## IODOFORM.

By Jos. Adolphus, M. D., South Atlanta, Ga.

In my experience, iodoform is the best medicament, internally and externally, in the treatment of tuberculous diseases. That it is a very wrongfully neglected medicament is, probably owing to its exceedingly offensive odor, this however is, in my judgement of very secondary importance compared with the remarkably valuable results that follow from its use.

As far as I can recollect, appealing to my personal experience, it is the very best local remedy in the treatment of venereal diseases, especially is this true when applied to soft chancres of every form. Absolute ether dissolves 4 to 5 per cent. of iodoform and this solution is par excellence, the best local application to soft chancres. The sore is first dried with absorbent cotton then a camel hair pencil is dipped in the ethereal solution and applied to all parts of the sore. The ether evaporates and leaves a thin coat of iodoform adhering to the surface of the sore which stays. Some soft chancres in the outset are prone to secrete an abundance of pus and this pus makes a chancre sore wherever it touches. To these sores I apply dry iodoform, after cleaning them with pure potash soap, then dry them with absorbent cotton; after this, I fill them with dry iodoform. Soon the nature of the sore is changed, exuberant secretion of pus ceases and the sore is strongly disposed to be dry. At this time I apply the ethereal solution of iodoform, in the way already mentioned. When the sore takes on the phagadenic character, or is serpigenous I apply the etherial solution of iodoform several times a day. I have never known this way of treating these ulcers to fail in arresting their spread and bringing about a cure. The ethereal solution of iodoform is nearly devoid of the natural odor of the drug. Occasionally hard chancres take on ulcerative processes similar to the soft kind. I have found no treatment so good as the above. In fact, the ethereal solution of iodoform is, in my opinion, about as near being specific in venereal ulcers as can be obtained.

Iodoform oil is made by saturating pure olive oil with camphor, which will dissolve 6 per cent. of iodoform. This oil is very valuable in treating buboes, white swellings, tuberculous, cold abscesses and tuberculous joints. I have come to the conclusion, from experience that iodoform is the remedy par excellence in local tuberculous disease. I have often injected ethereal solution of iodoform into cold abscesses and cured them. This is also the experience of many distinguished practical surgeons. Many experiments with iodoform have developed the fact that guinea pigs that are saturated with iodoform will not take tubercle after they have been inoculated with the virus. These animals are particularly prone to take on tuberculous disease on the slightest occasion.

According to the researches of many

competent experimenters, iodoform is not an antiseptic per se, but, considering its peculiar property to undergo decomposition in the presence of some organic compounds, e. g. tubercle cells, tubercle pus, blood serum, some globulines, etc. in which event the iodine is in a certain state of combination, with oxygen it acts in a certain way to decompose the toxins of germs of bacilli etc. as to prevent poisoning of the organism. Its use as a dry dressing in wounds in promoting healing and preventing the development of germs, bacteria, etc. is noted. As regards bacteria and their power to do evil individually, in the organism, opinions on this point have changed recently. Bacteria themselves generate a toxin which is excreted into the blood, and this is now regarded as a dangerous material, the poison, which produces toxic symptoms. Here it seems, iodoform does its greatest good by destroying this toxin in some way. It appears, as a local dusting powder on wounded parts, it acts in some way similar to this presented and prevents the development of staphylococcus pyogenes, etc. and probably of other bacteria. If bacteria are kept out of wounds their toxins are avoided, hence iodoform if not a germ destroyer per se, does, in some way guard against sepsis and its dire consequences.

The next valuable use of iodoform in surgery is its direct destructive influence on the germs of tubercle. I said above, that guinea pigs that were saturated with iodoform were proof against tubercular inoculation. This is strong evidence of the antagonism of iodoform to tubercular germs, that it is specific against these germs. When ethereal solution of iodoform is injected into a cold abscess (tuberculous,) the condition of the inner wall of the abscess is changed for the better. I prefer to remove all contents with an aspirator or very small trocar which hastens the cure. Some surgeons do not remove the contents, the cure they say takes place quicker. One injection is often sufficient but several may be required to effect a cure. Iodoform will dissolve in 6 to 10 parts of pure olive oil, ½ part of camphor added enhances the value of the emulsion, at the same time the odor of iodoform is masked to some extent. I have also added 1-10 of balsam of Peru with benefit, both to masking the odor and increasing the local remedial value of the iodoform. Tubercular joints in which fluid is contained, and tubercular glands and tubercular empyema are treated in the same way successfully.

Some cases of suppurating buboes (of soft chancre) I have caused to disappear by injecting iodoformed ether into them. Ten to fifteen drops injected with the hypodermic syringe is sufficient but may need repeating several times. I have treated two cases of this kind by rubbing on the swelling iodoform, camphorated and sweet oil several times a day, preventing suppuration.

Iodoform exercises a decided anesthetic influence on the part it is applied to. Iodoform suppositories, cause anesthesia of the parts so much so, that if applied to the rectum, feeling is benumbed so that the sense of passing feces is obtunded, and when applied to painful ulcers they cease to hurt. Iodoform also dries up wounds and sores, and promotes healing, keeping out bacteria, which latter is the favorite bed bacteria flourish and multiply in.

Recently I have added one third by weight of acetanilid to iodoform when treating very purulent sores with remarkably good results. Both are antipurulent, antiseptic and exceedingly healing in nature. I have treated several cases of purulent ophthalmia, gonorrhoeal, with this mixture with gratifying success. I am not aware of

any local treatment in these cases that has answered as well. I have also applied it to open suppurating sores with the same result.

I treated a case of carbuncle on the neck of a man who was an inveterate beer drinker. I think some sugar was in the urine, The pain was very great, I injected the carbuncle with the hypodermic syringe charged with ethereal solution of iodoform and gave internally three grain doses of quinine and one grain of iodoform, separated at intervals of two hours. After twenty-four hours treatment, during which time the hypodermic injections were repeated three times, the carbuncle was practically cured. This man died this summer of acute glycosuria, no doubt aggravated by too much beer drinking. I believe iodoform is a good remedy in some cases of glycosuria, in grain doses, repeated three times daily.

It is of little or no account in constitutional syphilis or in tubercle of the lungs, yet I believe I have seen cases of tabes mesenterica in children cured with iodoform internally in ½ grain doses in pills repeated three or four times daily. Iodoform gauze is a valuable surgical dressing, held in high esteem by many surgeons and probably it is the best surgical gauze for all uses.

Iodoform must not be applied to inflamed parts. It is decidedly valuable in indolent and painful ulcers, suppurating surfaces and catarrhal mucous membranes. Some specialists praise it highly as a remedy in piles, especially when painful but not inflamed. I have used it with solid extract of belladonna in these cases with satisfactory results. Iodoform mixed up with camphorated oil 2 per cent. and 10 per cent. of solid extract belladonna is a splendid pile medicine. There are some adults, especially the aged who are particularly susceptible to iodoform, on the other hand children are seldom brought under the toxic influence of the drug.

The value of the local anesthetic action and healing properties of iodoform in some very painful ulcers has frequently occurred to me. Two cases of exceedingly painful ulcers of the breast, in two women, of opposite temperaments, in whom everything I used increased the agony, were cured when lastly I applied dry iodoform in fine powder. The result was almost magical, the drug allayed all pain in both cases, hastened healing and made a cure in two weeks. It is of little use in cancer but very valuable in rodent ulcers. In tuberculous diseases of the skin it is the best remedy I know.

Recently Dr. Hartman, an old friend in Michigan, treated and cured several cases of tuberculous knee and elbow joints by injecting into them with the hypodermic syringe emulsion of iodoform in olive oil, 10 per cent. with curative results in all. The treatment lasted four to six weeks with no other internal medicine but hypophosphite of lime and my fluid glycerine hydrastis, (the formula of which I have published several times.) This tonic had been used without avail two or three months before commencing the hypodermic injections mentioned above. I believe the iodoform was the chief if not the only cure of the disease in these cases.

Some authors recommend antiseptic iodoform by washing it several times in a solution of mercuric bichloride 1 to 1000. I am not sure of the good to be derived from it, yet it may be a satisfaction in some cases to do so. The iodoform so treated should be washed in warm water, to remove the poison. Severa years ago I treated an old fistulous disease of the hip with injections of iodoform dissolved in pure olive oil, 1 to 100. After cleaning out all the sores with an injection of boric acid, salicylic acid, biborate

of soda each two and one-half drachms water one pint. I injected the iodoform twice a day at first, after two weeks once a day. Two months treatment cured the case.

I have several times known ethereal iodoform to give very decided relief after freely applying it to very painful ulcers. In my own case a rodent ulcer on my hand was often atrociously painful until I painted it with an ethereal solution of iodoform. After three minutes the pain subsided, the hand remained painless several hours.

Several years ago I mixed 10 per cent. of menthol with a 60 per cent. petroleum ointment of iodoform to assuage the pain of several syphilitic ulcers on a man's skin. There was no rest for him, all other treatment had failed, butI got immediate excellent results from the ointment. Since then I have found that menthol does augment the antiseptic properties of iodoform. Recently I gave almost immediate relief and rest from pain to a syphilitic patient who was suffering with orchitis. In these orchitic painful cases I had most generally obtained speedy relief by painting the scrotum with guaiacol. It is of little value for relieving these pains in syphilitic cases. Menthol certainly does increase the anesthetic properties of iodoform, it is more efficient in some temperaments, the highly nervous. I believe the mixture is quite servicable in swollen lymphatic glands though it may do best in syphilitic cases, but I would treat all swollen lymphatic glands with this iodine compound.

In some severe burns and scalds I place now most confidence in orthoform, the new remedy which I know is immediately able to stop the severe pain, but in the absence of it I place reliance on a dusting powder composed of iodoform, menthol and oxide of zinc, equal parts. I found it excellent in one case that of a child who was burnt by the burning of its clothes. It controlled the pain pretty well.

I read often in medical journals of iodoform, tannic acid and boric acid, equal parts, being blown in the throat, in the eyes and ears for chronic inflammation of these parts. I have applied iodoform and boric acid in impalpable powder to the drum of the ear in chronic inflammation and catarrh of these parts with decidedly satisfactory results. An excellent local dusting powder as recommended by an Italian physician consists of: Iodoform 11 parts; Bismuth subuit 4 parts; Salicylic acid 4 parts; Camphor 1 part. Some French physicians insist that iodoform in as large doses in pill form as the patient can bear is the medicament in some forms of diabetes mil. Some German oculists have complete confidence in iodoform dusted into the eyes in chronic inflammation of the eyes, repeated twice a day. There are several deodorants of iodoform that are partially successful, none that remove the bad odor altogether. Among some of the best are balsam of Peru, oil of camphor, fine ground parched coffee especially the best brands, oil of eucalyptus and a few others.

## DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE HEART. *

By L. C. Hedges, M. D., Janesville, Wisconsin.

In dealing with the subject assigned me, viz the heart and its diseases, I am struck at the outset with the magnitude of the field and the impossibility of even the most superficial consideration of the whole question in one paper therefore, I have concluded to put aside all save the inflammatory diseases and the resultant valvular lesions, and to discuss but one

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side of that subject, viz. differential diagnosis. I am aware that the anatomical side of the question should, properly, be taken up first, but shall leave that and refer to it incidentally as may be necessary, and plunge at once into the discussion of pericarditis and how it may be distinguished from other diseases.

Pericarditis may be divided into three kinds, or stages if you will, to-wit: first, acute, dry or plastic, second: pericarditis with effusion, third: chronic adhesive pericarditis. That these divisions can comprehend the whole subject, may be open to question when one pauses to think of carcinoma of the pericardium, of tuberculous pericarditis, or of gummatous or syphilitic pericarditis, but upon close investigation I think that, broadly we can make no better division of the subject. It has at least, the merit of having the endorsement of many eminent writers.

Acute, plastic pericarditis may exist without the patient or physician suspecting it, as pain may, or may not be present. This statement, possibly, may cause more or less surprise. I will admit that I practiced some years before I was aware of this fact, and it was with great chagrin that it was borne in upon me by the careful methods of an older physician. However, this fact may serve to illustrate the extreme necessity of the most thorough physical examination of the patient, In other cases, the pain is most severe, resembling sometimes, the anguish of angina pectoris. When pain chanced to be present I had no difficulty in finding my diagnosis, but have sometimes wondered how many cases I may not have recognized. I must say, however, that in looking over my list of mortalities that I am sure that no one "shuffled off this mortal coil" because I failed to recognize a pericarditis: consequently I strongly suspect that where there is no pain or other complication the fatalities cannot be numerous or the disease severe.

Inspection reveals nothing. Palpation may reveal a distinct fremitus, usually best marked over the right ventricle: this however, is not always to be depended upon, the only sure method being auscultation, The sound is like that of rubbing two roughened surfaces together. French writers speak of the sound as the murmur of new leather. The description I like best is, a rubbing creaking sound, as I have found the creaking sound to be most distinctive and, almost invariably, present. This sound is superficial, is both systolic and diastolic and is not exactly synchronous with the movements of the heart.

Now, when I say it is both systolic and diastolic, do not understand me to say that it is always thus. There is nothing so variable as the diagnostic symptoms of pericarditis and the sounds vary in the patient from day to day, yes, from hour to hour, even a slight change in the posture of the patient may entirely change the character of the mumur. There may be only the systolic or diastolic single murmur, or, there may be the triple rubbing sound mentioned by the late Dr. Hyde Salter and others in their writings on this subject, but which I have never chanced to hear. If the sound is the double one, then is diagnosis reasonably easy. The reason that these sounds are so variable is that the inflammation may not attack the whole pericardium at once but may attack but a small portion of its surface progressing until the whole pericardium is involved in the inflammatory process thus giving us in one patient a succession of different murmurs. The sounds do not progress with every patient in a similar manner because the point of infection may vary in each patient. The inflammation may be arrested or it may progress, if it does so advance it may do so more rapidly in one patient than in

another. When however, the whole pericardium is involved the double non-sychronous, superficial murmur is distinctive.

With what then, may we become confused? First, with sounds external to the pericardium as in pleuritis or in lung troubles contiguous to the heart, Second: by inflammation in the muscular tissues of the heart. Third: by endocarditis and valvular lesions, and Fourth: by the anemic murmur in the blood transmitted by the heart.

How may we know pericarditis? I take it, by the totality of the symptoms. By exclusion of other diseases whose symptomology fails totally with that of pericarditis, by the very variability of the symptoms, by the increased rapidity of the pulse on slight change of posture, by the change of sound in the cardiac murmur, by the superficiality of that sound on auscultation, upon the area of sound and the region of the maximum and minimum of intensity of that sound. The maximum of intensity being found on the left border of the sternum at the third and fourth intercostal spaces: this being the only spot in which the murmur may be heard when the area is circumscribed, according to Constantin Paul. The minimum of intensity is over the apex of the heart: as it is there that the heart has least contact with the thoracic walls. The direction in which the sound is propagated also has to do with the nature of the sound heard. One way to determine whether the sound heard is from the heart or lungs is to cause the patient to hold the breath for a few seconds thereby determining whether the sound is one that results from the heart or not.

Pericarditis with effusion is commonly a sequence of the dry or plastic form. It is thought to be the secondary stage. Acute rheumatism is the most frequent causative factor. A chill followed by fever is its invariable precursor. It should be said that pericarditis with effusion is frequently found in connection with tuberculosis or with septicaemia. I shall devote but little time to this form of pericarditis, as there are diagnostic symptoms which are absolutely distinctive, and which serve us due notice. There is much dyspnea, restlessness and intolerance of any pressure in the region of the appendix of the sternum. There is hyperpyrexia, so that the physician is at once warned of the necessity of a careful physical examination.

Inspection reveals internal pressure on the intercostal spaces. Palpation reveals, through the diminished cardiac impulse, the presence of intervening fluid. Percussion shows us greatly increased dullness and an area that in size and shape is absolutely diagnostic. Auscultation seems therefore unnecessary, exeept that it may serve to indicate certain complications. Although all this sounds easy in the telling, I am aware that certain cases may cause trouble as to diagnosis as in stout people with dilatation, or, in cases where an aneurism of the first part of the aorta has ruptured slightly, the patient may then simulate pericarditis with effusion and live for days with dyspnoea, with physical signs of effusion and progressive failure of the action of the heart. It seems to me, however, that it could make but little difference to the patient were this fatal case to be mistaken for pericarditis with effusion of milder nature.

I shall not go into details with regard to chronic, adhesive pericarditis as the symptoms are so indefinite in themselves and, as in so many cases hypertrophy is an accompaniment, so that it may be more profitably considered in another connection than under the heading of this paper.

Endocarditis is an inflammation of the endocardium, or lining membrane of the interior of the heart. This disease, as is the case with many others,

may be comprehended broadly within the two terms, acute and chronic.

Acute endocarditis may be either of the simple or benign type or it may be ulcerative and, therefore what is known as malignant. It is a question in my mind as to where simple endocarditis leaves off and the malignant form begins. Acute endocarditis, whether ulcerative or plastic, usually runs its course in a short time, so eminent authors assure us, and one can readily see that this wise statement must be true, for if the acute stage hangs on long enough we can solemnly assure ourselves that the endocarditis has become chronic. Many authorities assure us that simple endocarditis is not a disease in itself but that it is always secondary. Some assert that malignant endocarditis is usually seeondary but may sometimes be the primary disease. Others assure us that there are many cases of simple endocarditis that are primary. Should I assert that endocarditis, of whatever form, is always secondary and never idiopathic, I think that it would be hard to prove to an intelligent jury that it ever did constitute an etiological entity. In fact, the clinical picture is so diverse in its manifestations, that I venture to assert that the only method of making absolutely sure that you have a case of acute idiopathic endocarditis is to perform an autopsy, unless perhaps, one has symptoms of embolism which clears matters somewhat in the line of diagnosis.

Should the patient get well, then you may suspect endocarditis but you will hardly be able to prove it to yourself or to any other physician. I call upon Osler in his positive statements on symptomology and diagnosis, on Sansom, who dodges the issue, and, on Constantin Paul who has practically begged the question when he named the murmur of endocarditis the "paradox bruit." Personally, I do not believe it possible to determine an acute, idiopathic, endocarditis, even if there is such a thing. It may be well to consider, however, the possibilities in a certain class of patients who complain of an uneasy feeling in the cardiac region, not positive pain, no exactly a feeling of suffocation, hardly nausea; some complain of a heaviness that partakes of all these qualities, there may be also a slight rise of temperature, a somewhat labored respiraion and action of the heart, but not valvular lesion, dilatation or hypertrophy. Neither is there any other symptoms of disease of other kind. The symptoms pass off in a week or so leaving nothing pathological to furnish data. It may be possible that we have here an attack of simple acute, idiopathic endocarditis, but the diagnosis would be open to doubt and I shall be forced back on the original position as to the autopsy. That being the case and the futility of considering endocarditis as an entity, proven. I revert to a consideration of the disease in question as a result or complication of some other distinctive disease.

Chorea and rheumatic fever vie for first place as an accompaniment of endocarditis. With chorea, however, it is rarely of malignant nature. With rheumatic fever and pneumonia there are many cases of the malignant or ulcerative type though far oftener it is of the simple variety. With septicaemia, erysipelas, puerperal fever and gonorrhoea the malignant form is common.

The pathological conditions are first: a redness, then may follow what are known as vegetative growths, or warty growths, or ulcerations. The diseased tissue may be of the valves or it may be of the mural variety. The valves are thought to be the parts which suffer most frequently and though we do not determine the endocarditis itself at the time of the attack, the evidences of its previous presence, if a severe attack, is to be readily de-

termined by its effect on the valves, that is, the after effects are long lasting and are easily found by careful examination. In case the valves are involved granulations form, then vegetations which may prevent the perfect coaptation of the valves and result in both obstruction (stenosis) and insufficiency and regurgitation. The vegetative growths consist of granulations capped with fibrin and seem to form a favorite stamping ground for various micro-organisms. These growths may become detached from their position, exposed as they are to the violent current of the blood, and be carried to some distant part of the circulatory system and form an embolus thereby producing unlooked for complications, or necrosis may supervene and thus puncture a valve, or destroy one side of a valve or possibly, there may be induration and hyperplasia resulting in a sclerosed condition.

The differential diagnosis between pericarditis and endocarditis is, on the whole, easy. First: given the preexistence of a disease which will induce endocarditis and we may proceed to examination for this complication. The heart sounds in endocarditis are softer in quality and are not so superficial and are synchronous with the motion of the heart. The most noticeable difference, however, is in the fact that a change of position does not change the character of the heart sound in endocarditis while it does in pericarditis. Also, a slight change of position in endocarditis will not change the rate of the pulse but may with pericarditis.

The character of the heart murmurs of endocarditis depend upon the location of the lesion, as any of the valves may be affected. The time, the place, the direction of the propagation of the sound and the quality of the sound all have to do with the diagnosis of a given case. We will, therefore, with your permission proceed to further consideration of sounds and their significance.

Perhaps it may be well to look over the topography of heart sounds before considering the nature of the sounds themselves. The sounds from the mitral valve are best heard at the apex of the heart keeping a little to the left, to make sure of the distinctive sound. At the juncture of the gladiolus and ensiform cartilage is the place to listen for sounds from the tri-cuspid valve. Would you listen for the anemic murmur? Do so over the line of the pulmonary artery, that is, close to the sternum in the second left intercostal space. Now while the sounds from the pulmonary artery are best heard over it anatomical site, the other points I have indicated, as you have doubtless noticed, are not directly over the valves in question but are the points where these sounds can be most readily distinguished. Sounds in the aorta may be mingled with those heard in the pulmonary artery; consequently, the way to separate these sounds one from another is to listen over the second right intercostal space where the sounds of aortic origin are heard most distinctly and where they are really louder than over the spot where they are produced.

Having located these sounds, we will proceed to a consideration of their distinctive characteristics: Should we hear over the mitral area a rough vibratory sound, should we by combining palpation with auscultation, find a thrill synchronous with the sound, we have positive evidence of mitral stenosis. This vibratory murmur that can be felt is a presystolic murmur and terminates with a jerk or shock. This sound is most often propogated in the direction of the axilla, though sometimes it may be distinguished for a short distance in a direction toward the median line. That there are variations, that there are other sounds and symptoms to be

taken into consideration, I admit. One must have a most highly educated ear to derive the full significiance from heart sounds and I have therefore omitted all confusing complications and have merely given a few guiding indications that are of unquestioned value.

Let us now turn to symptoms of aortic insufficiency: The murmur in this case is diastolic instead of presystolic and systolic. It is a soft long drawn bruit and is propogated toward the ensiform cartilage. Another symptom of peculiar value in diagnosis, is the visible pulsation of the large arteries of the head, neck and upper limbs. This visible pulse in itself is not diagnostic, as it is also found in arterial atheroma, but the pulse also has a bounding quality in aortic insufficiency which renders it distinctive and the diagnosis is made more sure by the character of the heart murmur and the other points spoken of. But, gentlemen, I feel that this paper has already outlined more than enough for one evening's discussion and I shall be satisfied if it serves to remind you of some salient points and so arouses a discussion that will lead us to a further consideration of the heart and its diseases in one or two of our future meetings.

## DRUG MEDICATION VS. SUGGESTIVE THERAPEUTICS.

By J. T. McColgan, M. D., Arcot, Tennessee.

I assume that the great mass of the medical profession of today are honest and conscientious and regard their calling as something more exalted than a mere means of money-getting, that the altruistic side of their profession covers a vastly larger area of their ideal than the commercial side, that they are philanthropists first and wealth seekers secondarily; that they would at any time prefer saving a patient's life to collecting a large fee from his executors. I do not mean by this that the physician should entirely ignore his personal necessities for the benefit of his kind, for "the laborer is worthy of his hire," but that we should be careful not to allow the insidious arts of commercialism to completely dominate the "art divine" for in the language of the Galilean, "you cannot serve God and Mammon!" I have been a pretty close observer for over forty years and I have never known a money-making doctor who was a successful practitioner, and the most successful practitioners I have ever known only achieved a decent competency and a great many scarcely that. If the laity properly understood that the equalibrium of their physician's mind had more to do in curing their diseases and saving their lives than the pills and potions he peddles they would pay him better as a matter of pure self interest. No doctor of any school can exert his highest powers when his mind is divided between treating disease and getting bread, and I state it here as a deplorable fact, that hundreds of human lives are yearly sacrificed because under our present system the doctor is compelled to give a great deal of thought to "what he shall eat and wherewithal he shall be clothed." Why do most people so dread a doctor's bill and put off its payment to the last moment? Why do they cheerfully pay the druggist, the grocer, the butcher, the baker and the merchant and then if there is anything left they grudgingly dole it out to the doctor? Simply because we have educated them to believe that medicine cures them. They would not want to pay you to tell them that they ought to buy a black coat or a pair of striped trousers anymore than they would for telling them to take ipecac or quinine even though they

complied with your advice. There is no financial standard for measuring the value of thought, hence they fail to estimate it in comparison with material things. Bad as is the effect of this wrong teaching on the income of the doctor it is far worse on the health, vigor and mentality of the people. They are fast becoming a race of drug fiends. We lift up our hands in a kind of holy horror at the liquor, opium and chloral habits, but these are infinitely small evils compared to the drug habit in its entirety; purgatives, so-called nerve tonics, digestives and liver regulators number their victims by thousands, where these kill only hundreds and the doctor don't collect toll off of three per cent. of these either. We have taught them that medicine cures, so they buy the medicine and get their therapeutic advice from the wrapper.

Let us take a common sense view of the situation. This is a family affair, and I am speaking to the members of the family circle. I have no ambition to found a sect or school in medicine, for the sectarian is fast lapsing into innocuous desuetude. Doctor now is the prevailing type, whether he gives big pills, little pills or no pills at all. Pathy will in a few years only be found in museums alongside of such curios as thumb screws, pincers, gridirons and such like instruments for moulding thought in the days of medieval barbarism. So let us be honest one to another. We have at present about 3,000 officinal preparations in our pharmacopoeia. In addition we have nearly 2,500 proprietary, or, as they style themselves, ethpharmacal preparations, over 1,500 patent nostrums sold direct to consumers, the same as salt, pepper and flour. In addition to these every family has its domestic remedies, ranging from goose grease to boneset tea. Now, doctor, out of these 3,000 officinal and 2,500 proprietary remedies, how many do you use in your daily practice, I dare say most of you could count them on the fingers of both hands, and I will bet you use fewer today than you did when you first commenced to practice. Doctor, do you get uniform effect from any drug you prescribe? If honest you must answer in the negative, for the effect depends upon chemical changes in the alimentary tract and on the amount absorbed and excreted in a given time, as well as suggestion and individual idiosyncracies. Then permit me to ask you if you are not simply experimenting every time you give a dose? Your patient's alimentary tract may not be chemically today what it was yesterday, and absorption and excretion may be different, so your drug may have a greater or less effect than intended and the misfortune is that when it is swallowed by the patient you no longer have any control over it, you must trust to luck and the inherent powers of the patient to resist the deleterious effects of an overdose when those powers ought to be fully engaged resisting the ravages of the disease.

Now, my dear doctor, there are two things concerning drug medication to which I want you to give some serious thought. We will divide drugs into three classes and state the theory or excuse for their administration. The first is given on the presumption that the system of the patient will recognize in them a deleterious substance and arouse all its energies to expel them through excreting channels; in doing this it will incidentally excrete the deleterious products which are causing the disease. In the second group we propose to add some chemical element of the body which it refuses to take from its ordinary food supplies. The third to poison the sense centers so as to prevent them expressing pain to the consciousness. This is not exactly what your text books teach you, but it is the concrete meaning of a vast

amount of verbiage, called therapeutic science.

Now, of the first class: It is admitted by all that it is the innate instinct of every living organism to throw off deleterious substances of every kind, and the commotion which we call disease is the struggle to throw out something which is recognized as harmful. Is it wise to increase the burden of the vital forces at this time by putting another deleterious substance into the organism?

Of the second class we must recognize that the reason the system failed to appropriate the elements from the food was want of innervation. Will giving them in larger quantities and more concrete forms enable the weakened cells to appropriate them? There is no chemist from Merck down to the veriest nostrum maker that can fabricate a blood corpuscle, a nerve cell, or even chyle. These are vital acts over which the laws of chemical combination have no control whatever. If you were to take a healthy human organism and feed it exclusively on the isolated chemical elements of which its body is composed, it would live and thrive just about as well as if fed on moonshine. Do you suppose that a low state of vitality renders it more capable of assimilating these products? The facts are that most of this class, instead of adding to, take from—are oxidizing agents—destructives instead of constructives, and the apparent benefit is from removing superannuated cells, while the new material which takes their place is derived from the food and not the remedies.

Of the third group little may be said. All are agreed that they inhibit the trophic centers equally with the sense centers and accomplish as much harm as good. There is still another class denominated specifics for various supposed diseases; that is, hypothetic remedies for hypothetic conditions which owe their supposed effects entirely to suggestion and comes more properly under the concluding part of this article.

The human organism is simply a large commonwealth of protozoan cells which have aggregated for the purpose of living by mutual co-operation and division of labor. Each cell possesses all the powers of organized life, which may be summed up in the terms nutrition and respiration, or the absorption of nitrogenous substances and excretion of waste particles; but the cell by itself can only get its nitrogen when in solution, and it requires a fluid or watery environment. An amolera would perish by starvation in a Chillian niter bed, but when chlorophyle cells in plants convert this crude nitrogen into a more soluble form he finds sustenance in it. So when a large number of cells co-operate they are able to convert crude forms of nitrogen into assimilable food; but they must depend upon the preliminary work being performed by vegetable cell organisms. With all due respect to the "sand cure" and "mud cure," together with the iron delusions, I state without fear of successful contradiction that mineral substances must first be acted upon by chlorophyle, producing plants before they can be assimilated or appropriated by animal cells; and when they do get into the fluids, which surround the cells, they are foreign and deleterious substances which cause an expenditure of vital force to be thrown off. Even concentrated forms of nitrogen which have been acted upon by plants are deadly poisons to the cells by forcing them to live too fast. "But," says the old-time doctor, "what are we to do with our nearly 6,000 preparations? If we can't doctor, how are we to be doctors?"

There is a pretty broad field for material therapeutics left and still not interfere with vital functions. For instance, the human organism is about

seventy-five per cent. water. We have a very clear idea that this fluid should be kept in a slightly alkaline condition for cell activity to be normal. Then we have the contents of the alimentary tract, residual waste, to be kept free from putrefactive changes, and material disinfectants are more speedy than those which nature pours into it. We can supplement them and thus save the expenditure of vital force and at the same time preserve our time-honored reputation as doctors. By this means we can still be priests in the temple of Hygeia without offering human sacrifices on her altar. I imagine I can hear some brother whose hereditary instincts have been handed down from the days of Von Helmont sneer, "Humoral pathology!" Well, my friend, there was a grain of truth in humoral pathology, and we did an unwise thing when we discarded truth along with errors; besides, we are not or should not be under the dominion of the dead, our lead-lapped ancestors have no jurisdiction over us of today; their bickerings and quarrels ended with them, and we are heirs only to the few grains of truth they discovered. Take one hundred cases of sickness for which a doctor is called and sixty would recover without any treatment whatever, twenty with only hygienic measures, eighteen by judicious medical and suggestive treatment and two would die under any treatment. So the field for our vast array of medicinal agents is small, and judging from the large amount of money invested in the drug business the conclusion is irresistable that there certainly must be overdrugging going on—the commercial end of the profession growing too large, and both doctor and patient exploited for the benefit of the manufacturer. Three-fourths of our remedies owe their supposed benefit entirely to suggestion, and why should we give our personal influence to boost somebody else's goods? Why not give the suggestion direct? and if there is any eclat, let the doctor's reputation get the benefit of it.

[To be continued.]

## THYROID EXTRACT.

Thyroid extract, according to experiments and extended clinical observations of Porges, though often efficacious, is still not a suitable remeey for use in the treatment of adiposity. Dividing the patients affected in this way into two classes, he finds that a large number experience no improvement whatever under the thyroid treatment, while another set react quickly to the drug and apparently derive benefit from its use. In the case of the former, since the results are negative, evidently there is no object in resorting to organo-therapy. The second class, or those easily susceptible to the gland extract, consists mainly of individuals in whom some traces—distant, it is true—of a myxedematous tendency are demonstrable; very small or nonpalpable thyroid, doughiness of the skin, and subcutaneous tissues, etc.

The advantages claimed for the method are that it effeets positive results, and this without in any way restricting the patient's diet or his ordinary habits of life, as regards exercise and occupation, matters often of great importance in private practice; but it is admitted that certain well-marked subjective disturbances, such as palpitation, restlessness, tremor and insomnia, go hand in hand with the improvement and give the individual more or less discomfort. The greatest contra-indication is to be found in constant, greatly increased nitrogen excretion, an index of pathological albuminous breaking-down, and which, according to the author's researches, cannot be terminated by simply cutting off the drug, but continues for an indefinite time.—Merck's Archives.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## INFLUENZA.

By M. G. Price, M. D., Mosheim, Tennessee.

We have just passed through an epidemic of influenza or la grippe, as the French and our common people will call it. Every epidemic of this disease has its peculiarities; that is, it puts a certain face foremost, or a certain symptom is predominent, in fact, this idea might be individualized, so that we could say that every case has its own prominent symptom.

The usual manifestations are sudden beginnings—persons who were well this morning will send for you this evening, sick with chilly sensations, a general soreness of the surface, severe neuralgic pains all over the body, and particularly in the back and limbs. They have fever from 100° to 103°, eyes watery and red, catarrh of the nose and and throat; this last symptom is marked in some cases. There is a strange, irritative, laryngeal cough, worse at night. I noticed in some of my cases an intermittent pulse, as many as 15 or 20 beats being lost during the minute, and in all the cases the heart appeared to be irritated, pulsating out of all proportion to the rise in temperature. In some cases this disease spends its force upon the heart, which never quite recovers, but remains slow and irregular, and is never wholly restored to its former vigor.

In treating these cases I employed different drugs. To some I gave morphine and quinine. For the bronchial catarrh I gave a combination of atropine, codeine and strychnine; but the all 'round remedy I used was the Defervescent compound—aconitine gr. 1-134, digitalin gr. 1-67, veratrine gr. 1-34; one every half to one or two hours. Every case in which I used this remedy improved rapidly, every symptom ameliorating. I gave these drugs the credit of shortening the attack wherever used. The cases in which I did not use it, did not do near so well.

Convalescents must have our most watchful care. In this stage our great standby is strichnine. I gave strychnine arsenate gr. 1-134 every hour throughout the disease. And although so frequently administered I I noticed no untoward symptoms.

## ALKALOIDAL NOTES.

By M. G. Price, M. D., Mosheim, Tennessee.

Don't fail to use turpentine in hemorrhage. Large doses are required.

Add strychnine to your morphine, if you would prevent its constipating effects.

Nitroglycerin is great in dysmenorrhoea, gr. 1-250 every 15 to 30 minutes until effect.

Minute doses of carbolic acid—⅛ of 1 per cent. in glycerine is the equivalent of antitoxin.

I want to add my testimony to the efficacy of the brown iodid of lime in croup. It will cure.

Who of us have not been besought by weary mothers for something for

their crying infants, suffering with three-months colic? Hyoscyamine is the drug.

Drop doses of tr. cantharis will be found effectual in irritable bladder of women with frequent micturition.

Glonoin is very serviceable in acute and chronic gastric catarrh; it will also avert colds, if taken in the first stage.

A cold in the chest, with tightness and dry, hacking cough, may be greatly relieved by giving apomorphine and potassium bichromate.

We sometimes wish to avert an oncoming chill; 15 or 20 drops of chloroform may succeed; if not, try atropine or glonoin; or, best of all, use a hypodermic of pilocarpine hydrochlorate gr. 1-12 for an adult

Did you ever have a case of tic douloureux, where morphine was powerless, and you had thought of all the anodynes on earth, even to the mother's lullaby? Did you think to inject a little atropine near the offending nerve?

In cholera infantum and other bowel disorders of children, you will find the following formula valuable:

℞ Zinc sulpho carb. gr. 1-20.
Salol gr. ½.
Bism. subgal gr. ½.
Calomel gr. 1-50.
Lactated pepsin gr. ½.
Paregoric m. iii.

M. et sig., 1 tablet every 15 minutes till 5 are taken, then one every hour or two.

In this latitude we are facing the heat of summer and are looking for bowel troubles. There is a little granule about the size of a mustard seed, but it is a giant along these lines. Here it is:

℞ Calomel gr. 1-16.
Pr. capsicum gr. 1-32.
Camphor gr. 1-32.
Morphine sul. gr. 1-32.
Ipecac gr. 1-64.

We are glad this has been added to the dosimetric armamentarium.

Hyoscyamine is a grand drug in convulsive and spasmodic conditions, and we want to know how to administer it to children. Take this little schedule:

| Age | Granules gr. 1-250. | Aqua, |
|---|---|---|
| 1 to 3 months | 1 | ℥xxiv |
| 3 to 6 " | 2 | " " |
| 6 to 9 " | 5 | " " |
| 9 to 12 " | 5 | " " |
| 24 " | 6 | " " |
| 48 " | 10 | " " |

Twelve years old, one granule every 15 to 30 minutes until dilation of pupil.

## STRYCHNINE.

L. Grant sounds a note of warning against the very prevalent practice of the public, which consists in taking whenever a feeling of depression is felt patent nostrums or even officinal preparations which contain strychnine. This drug is a cardiac, vasomotor and gastric stimulant, and may so brace the system as to lead one to overwork. Moreover, it may show a cumulative action. All of these effects combine to bring an unusually severe strain on the vessels, and in patients who are the least atheromatous may be the cause of some vascular breakdown. A case of apoplexy narrated by Grant tends to support this view. This particular patient was in the habit of taking syrup of the phosphates of iron, quinine and strychnine, together with bicarbonate of soda, for a morning "fizzing" drink.

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The above is abstracted by the Medical Record from the Lancet. While the above results may be possible, we are very doubtful if any such condition very often follows the use of strychnine. Opinions are desired.

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

### HEROIN.

Heroin has proved itself a valuable remedy in my hands in ordinary coughs and has done good service in relieving, at least for a time, the cough of pulmonary consumption. But it failed utterly in a number of cases of whooping cough, and I had to have recourse to codein. Similar experience was reported by several physicians of New York city at a meeting of the Academy of Medicine, when the therapeutics of whooping cough were discussed.

### VIRILE MENOPAUSE.

In Revue de Psychologie for November Miguel Bombarda gives his belief, as the result of a series of observations, that in men between the ages of 40 and 50 there frequently occurs psychic changes, which correlate the two sexes in a mental instability and justify the designation "virile menopause." No sexual impairment occurs in these conditions. On the contrary, there is often an awakened activity. Many cases of apparent change of character, which have puzzled the moralist, the physician and perhaps the court, might find a rational explanation in this new psychological theory.

### INDEX MEDICUS.

A sample number of the Biblographia Medica, the French successor of the late American Index Medicus, has been received. The editor, Dr. Marcil Baudouin, furnishes a valuable, carefully prepared work, resembling much in style its predecessor. As its price is only about one-third of the former Index, it ouget to find many subscribers.

### A PRACTICAL METHOD OF ESTIMATING THE AMOUNT OF HAEMOGLOBIN.

When the general practitioner reads in his medical journals of new laboratory, methods whereby difficult or doubtful diagnosis is rendered easy and certain, he regrets his remoteness from the medical centers and his consequent inability to apply the new methods to his own practical work. It is well understood that a knowledge of the number of blood corpuseles in a patient's blood and the quantity of haemoglobin contained therein is of great importance toward a correct estimate of a given case. But unfortunately apparatus and skill, rarely at the command of the average physician, are required for obtaining such knowledge. We will rejoice, therefore, to learn of a simple, practical and fairly accurate method which can be used by any physician, even at the bedside. It is given in an article by Dr. T. W. Tallquist, of the medical faculty of Helsingfors, Finland, in the St. Paul Medical Journal for May, 1900. The method consists in catching a drop of blood on piece of white filtering paper or linen, and letting it spread there. The color stain made by it is compared with a color scale, prepared in the laboratory by means of a Miescher —Fleischl hemometer, and ranging from the dark red of normal blood, marked 100, to the pale yellowish-red of pernicous anemia, marked 10. The paper used must be perfectly white filtering paper, with the smoothest possible surface. The blood must

be thoroughly soaked in and spread evenly. The examination must be made immediately after the stain has lost its humid gloss, by direct light and in daytime. Determination of the quantity of haemoglobin, made by this means, has been found sufficiently accurate when tested by control experiments made in the laboratory by the use of special apparatus. As a color scale can be obtained—the St. Paul Medical Journal has furnished one—the country physician is thus enabled to make certain investigations, for which he must now have recourse to the specialist or physiological laboratory.

PHOTO-THERAPY.

Not a little fun has been poked at the the man who, some years ago, advocated the treatment of small pox by red light. The same man, a Danish physician, Finsen, has followed up the theory of the therapeutic use of concentrated sunlight, or certain rays of it. It has also been done independently by Abrams, of California, and Kime, of Fort Dodge, Iowa. In an interesting article in the Iowa Medical Journal for April, Dr. Kime tells about the work and some of the successes. The theory is based upon the well known fact that light, especially sunlight, is the most powerful bactericide known. It is sunshine which gives to Arizona and New Mexico its reputation as health resorts for tubercular patients. Bacteriologists are unanimous in the opinion that the solar rays are most powerful agents in destroying, not only the tubercle bacilli, but nearly all other micro-organisms. Experiments by the use of photographic paper show that the ultra violet rays of the solar spectrum penetrate the body in like manner to the X-rays and that the actinic rays go deeply into the tissues of the body and can be proved to penetrate through the adult wrist. By the use of concentrating lenses, prisms, reflectors, colored glasses the experimenters have treated a large number of cases, mostly of lupus, tubercular lymphglands, indolent ulcers, chronic joint affections, parasitic skin diseases, tuberculosis of the lungs. They report most excellent results. It must be admitted that the method has a sound, rational basis. We expect to hear more about it.

DR. LOVE INDICTED.

The daily press reports that Dr. I. N. Love, of St. Louis, the able editor of the Medical Mirror, has been indicted by the federal grand jury on the charge of sending obscene matter through the mails. The case is based on the publication of a poem by Dr. H. C. Bennett, entitled "The Dying Speech of Meiamoun," a versification of a story by Gautier. The artistic value of the poem is rather doubtful, its publication of questionable taste, but to bring such a charge against a man of such high character as Dr. Love is absurd. Medical journals are not intended as literature for young ladies' seminaries. What is obscene? It seems time to have laws in this regard remodeled, for at present they are frequently abused for personal spite work, or fanatical, ill-considered persecutions. Dr. Love may be guilty from a merely technical standpoint. We extend onr sympathy to him.

GLYCOLYTIC ACTION OF THE PANCREAS.

Dr. F. Umber (Zeitschr f. Klin. Med.) investigating the power of the pancreas to destroy sugar, comes to the conclusion that while blood and tissues in general possess a certain power of destroying sugar, this does not depend upon the action of the pancreas, and the theory that the pancreas furnishes to the blood a sugar-destroying ferment has no foundation. The same conclusion is reached by an Italian observer.

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## THE INTERNAL USE OF FORMALDEHYDE.

Considerable attention has recently been given to the internal administration of formaldehyde. As an antiferment in various stomach diseases, it has given good results. Dr. S. T. Pope writes concerning it in the Occidental Medical Times. Among other things he says:

When you want a urinary antiseptic use formalin. Use it as urotropin, if you choose to pay $1 an ounce; as formalin, if you prefer to pay 45 cents per pound. Always give formalin diluted. Drop doses in milk, as you give potassium iodide in saturated solution, are preferable. It may be given in from 1 to 10 minim doses; that is, 2 to 20 drops. A good dose, when its properties are desired in the urine, is 10 drops in a glass of milk four times a day. It may be true that the presence of formalin in the gastric contents, like all antiseptics, delays digestion. It renders the milk a little more difficult of digestion. Still there are untoward effects in the use of all drugs, and in this instance the drawback is not of great importance, especially when the administration is to be but temporary and the result looked for of material benefit. Cases of chronic gastritis, whenever their etiology or primary lesion may have their most aggravating symptoms relieved by prevention of fermentation. Gastrectasis and muscular antony are rendered less distressing to the patient, while waiting for dietary measures.

Dr. P. Walter, of Sulzback, Germany, says regarding aminoform, which is a formaldehyde product:

A remedy just as valuable as is diathesin in the acute grouty inflammations of the joints is presented as a prophylactic in the grouty diathesis in the form of hexamethelentetramin, which Prof. Nikolauer calls urotropin and Dr. Lederer has named aminoform. As is well known, aminoform is said to be an excellent solvent for uric acid. In this I proceeded from the premises that, since after ingestion aminoform appeared again unchanged in the urine, it probably had previously also been present as such in the blood and tissue liquids, consequently will have exerted its solvent power on uric acid in these also. My brother-in-law, aged 45, who was confined to bed each year from four to eight weeks because of various "agras," has taken at breakfast almost daily for two years an even teaspoonful of aminoform (½ gram) dissolved in a glass of cold water, and has remained well during this whole period. Besides this, about half a dozen of my arthritic friends have followed my advice (one of them for the past three years); they drink a glass of fresh aminoform water daily at breakfast. I, too, because of a strong hereditary tendency to gout, have used this treatment for nine months. It has agreed with all of us thus far very well indeed. In no instance has another attack of gout occurred up to this time.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Send for a copy of Fellows' Monograph, "The Test of Time and Experience." It contains much of practical value.

We desire original articles and communications from our readers on medical matters, but we wish them contributed exclusively to the Recorder.

Dr. Geo. F. Butler is now superintendent of the Alma Sanitarium, and will continue to make the Alma an unexcelled health resort. Dr. Butler is well qualified for the position, and patients at the Alma will be sure of careful attention. He will retain his position as professor of Materia Medica and Internal Medicine at the College of Physicians and Surgeons, Chicago.

Dr. E. B. Gleason, Clinical Professor of Otology, Medico-Chirurgical College, Philadelphia (Laryngoscope, March, 1900) states that the fact that certain organic silver salts are astringents to mucous membranes, without being in the least irritating, has led him to expect that they would prove of value in the treatment of prolonged otorrhea, in which the attic and probably the mastoid antrum were involved in the suppurative process. For this purpose he has made use of protargol in cases of prolonged otorrhea, injecting hypodermic syringeful of a 5 per cent. solution by means of a Blake's canula as high up into the attic as possible. The parts were the umassaged with Siegle's pneumatic speculum, in order, if possible, to form a portion of the solution into more distant parts than could be reached with the syringe. The ear finally was dried by means of absorbent cotton. Before using the protargol the middle ear had been cleansed with the aid of Blake's cannula and dried in the usual manner. Although the author has been able to make use of the remedy in only four cases, he has submitted this preliminary report, because the cures having been so speedy in three of the cases would indicate that we have in protargol an antiseptic and astringent superior to any now in use in the treatment of chronic middle ear suppurations, and much easier of application than any other of the powders.

The April Druggists' Circular and Chemical Gazette says: We mentioned in our March issue two cases in which persistent vomiting followed the use of heroin, in one of which a fatal termination was a least partly chargeable to this action. These cases, as we stated in our note, were reported by Dr. Thomson in the New York Medical Journal. This report has brought to the Journal from Dr. Wm. J. Robinson, a statement of two cases in his own practice, of a similar nature. Dr. Robinson suggests that there is a possibility that heroin, which is diacetyl-morphine, may in such cases have become transformed into apomorphine or some similar body. Dr. Manges calls attention in the same journal to a statement of his in a report on a study of heroin, that "vomiting might occur after its use." He makes it a rule to tell patienis that when vomiting does occur to discon-

tinue the drug. The doses given in the case that ended fatally he thinks were excessive. These new statements add further proof to the uncertain action of the drug; and we think that it is quite plain that it needs more watching than opiates in general. The untoward and even serious after-effects of heroin bring forcibly to mind the many excellent and time-tired remedial qualities of codeine—always safe, always certain and uniform. The combination of codeine with antikamnia presents a most desirable mode of obtaining the full value of these two excellent remedies, and there is no better form in which to exhibit them than in the well known antikamnia and codeine tablets, each containing four and three-fourths grains antikamnia and one-fourth grain codeine.

The Farbenfabriken of Elberfeld Co., give us the following information regarding herion: In the Druggists Circular of April, 1900, there appeared an editorial entitled "Caution regarding Herion," which contains a number of serious errors which might prejudice some members of the medical and pharmaceutical professions against this preparation. We would especially point out that the ill-results from heroin, which are made the text of this editorial, relate only to four cases in which there seems to have been an idiosyncrasy. Heroin has been employed in hundreds of thousands of cases by the most prominent medical authorities of the world, and it has been observed that after-effects occur only in a surprisingly small percentage, and that they are dcidedly less frequent and of milder degree than those from morphine or codein. The suggestion made in the above mentioned article that the vomiting was due to the transformation of heroin into apomorphine also rests upon a chemical impossibility.

## THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE ANATOMY OF THE BRAIN. A Textbook for Medical Students. By Richard H. Whitehead, M. D., Professor of Anatomy in the University of North Carolina. Illustrated with Forty-one Engravings. 6¼ x 9½ inches. Pages. v–96. Extra Vellum Cloth, $1.00, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia, Pa.

The author thus outlines the purpose of the book:

"In the preparation of this book it has been the author's aim to furnish medical students with a clear, accurate and concise account of the anatomy of the brain, to be used as a guide in their study of that organ. From a work of this character it has been thought best to omit minor details, and to exclude, so far as seemed possible, subjects which are still matters of controversy."

While written as a student's textbook, it will prove even more useful to the active practitioner who wishes to read up without going to the more extensive works such as Edinger or Gordinier. As a book to pick up for quick reference on the subject it will be found worthy of a place in any doctor's library.

The numerous illustrations aid the text in cleary presenting the subject. The work is well written and is very accurate in all respects.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX. A work of reference for medical practitioners. 748 pages, cloth $3.00. Eighteenth year, 1900. E. B. Treat & Co., 241 & 243 West 23d St. New York.

The physician who has read this

Annual year after year considers it a necessity and becomes more attached to it as the years go by. The Annual is always good but this year's volume is better than ever. It presents all the advancements in medicine and surgery of the past year in a compact form. The contributors are all men of high standing in this country and Great Britain.

In the department of new remedies reports of various new preparations are presented. Among the newer remedies, quite complete reports are given on formaldehyde, protargol, heroin, supra-renal extract, thyroid gland, the toxins, and the analgesics. The department of new remedies is conducted by Wm. Murrell, M. D., and contains much desirable information. An original article, "Radiography in 1899" is written by Dr. R. Norris Wolfenden. The dictionery of new treatment is very comprehensive and valuable. Notes on Legal Decisions by W. A. Purrington, and Sanitary Science in 1899 by Joseph Priestly, M. D., add to the value of the volume. The work is illustrated with twenty-six plates, some colored, and fifty-three engravings.

An original article on Mycetoma, illustrated by several plates, is of unusual interest. Prof. A. H. Carter contributes a practical article on Diseases of the Heart, which all will find useful. The articles on Cancer by K. W. Monsarrat and on Cancer of the Breast by Priestly Smith are worthy of special mention. The many original contributions and abstracts cover such a wide range that such a work is invaluable to the medical man of this age.

There are other annuals but none more satisfactory than the International. A set of several years' volumes of the Annual makes a convenient working library. The index volume of the past twelve years which has just been prepared will be useful to the many physicians owning the volumes. In our own work we find our set of the International indispensible for reference.

INJURIES TO THE EYE IN THEIR MEDICO-LEGAL ASPECT. By S. Baudry, M. D., Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M. D., of Philadelphia, Pa. Revised and edited by Charles A. Oliver, A. M., M. D., Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar; 5½x7⅞ inches; Pages, x–191. Extra cloth, $1 net. The F. A. Davis Company, Publishers, 1914–16 Cherry Streer, Philadelphia, Pa.

This as a book which has proved so useful that it has been deemed advisable to issue an edition in English. The author's own words express the purpose of the book. He says:

"Traumatic lesions of the eye and of the adnexa occur most frequently in industrial localities, where, for instance, metal factories, machine shops, quarries and mines predominate. Almost daily this type of cases comes to the physician; and since many such injuries produce dimness of vision or give rise to complete blindness, and the reply at times becomes the cause of suits for damages, he is often called upon to state in a medico-legal way the cause, the nature and the consequences of such traumatisms.

In certain cases the eye may be the seat of congenital anomalies, or it may exhibit more or less serious ac-

quired lesions that have antedated the alleged accidental cause of the condition, and this perhaps, unknown to the patient; so that at times it becomes necessary to differentiate whether a loss of vision, which may be partial or complete, is due to some definite injury or whether it is dependent upon some previous pathological change.

Laborers with a traumatic lesion of the eye often purposely neglect to follow a prescribed form of treatment; they may exaggerate the consequences of an accident, and frequently they may be induced to stimulate blindness in the hope of obtaining the largest redress that is possible under the circumstances.

As the answer to these different questions so frequently offers difficulties, and requires of the legal expert a profound knowledge of both the internal and the external diseases of the visual apparatus, it becomes obligatory that he be made fully aware of their medical significance, this being further emphasized by the fact that it frequently becomes necessary, during the hearing of suits for this class of injuries, for the Court to call for the testimony of a specialist on diseases of the eye.

Even at a moment's notice the expert may be asked for his opinion by a corporation or by an individual regarding the gravity of an injured eye, or to give answer as to the visual function of persons whose interest induces them to assert that they cannot see, or that they do not see sufficiently well to pursue their occupations."

The translating and editing have been carefully done, so that it is a very satisfactory book. The chapter devoted to the consideration of and detection of simulated affections of the eye, contains much practical information. The chapter on medico-legal expert testimony presents many ideas of interest.

A Cyclopedia of Practical Medicine and Surgery. A condensed reference book, alphabetically arranged, of Medicine, Surgery, Obstetrics, Materia Medica, Therapeutics and the various specialties, with particular reference to Diagnosis and Treatment. Compiled under the editorial supervision of George M. Gould, A. M., M. D., Editor of the Philadelphia Medical Journal, etc., and Walter L. Pyle, A. M., M. D., Assistant Surgeon to Wills Eye Hospital. Seventy-three contributors, Quarto, Illustrated. Sheep or half-dark green leather, $10; thumb index, $11; Half Russia, thumb index, $12. P. Blakiston's Son & Co., Philadelphia. 1900.

The original object in preparing this book was to make a companion volume for Dr. Gould's Illustrated Dictionary of Medicine. It has grown in the hands of the editors and the plan has been enlarged so as to include a large number of special contributors. The editors' aim to provide a good one volume cyclopedia has been more than realized. They have succeeded in incorporating a vast number of short, pithy articles, all of which will prove useful. It was one of the aims of the editors to give proper consideration to those slighter ailments which are so often overlooked in the text books, and a glance through its pages will show a large number of references that it would be hard to discover in any one book.

The book being a practical one, diagnosis and treatment have received particular attention. Many valuable formulae have been included and a large amount of information presented in tabulated form, all of which makes this volume a practical working book that will be constantly referred to in every day practice.

The amount of practical information contained in this book is enor-

mous. If a physician were compelled to get along with only one book, this would be the book, as he would have a comprehensive digest of everything practical in his work. The numerous illustrations add very much to the value of the work.

According th its importance, space is given a subject from one paragraph to several pages. In order to show how nicely the matter is presented, we reproduce one of the articles:

Exophthalmic Goiter. Basedow's Disease; Graves' Disease—A disease characterised by cardiac palpitation goiter, exophthalmos and tremor, palpitation usually being the initial symptom. The pulse ranges from 90 to 120 or higher. Occasionally the exophthalmos is so extreme as to produce spontaneous dislocation of one or both eyes.

There are present Graef's lid sign—namely, inability of the upper lid to follow the downward movement of the eye—and, usually, Stellwag's sign: viz: apparent widening of the palpebral aperture, due to retraction of the upper lid. The disease is usually encountered in women; its course is chronic, and the ultimate outcome is recovery. Death, however, occasionally results.

The etiology is obscure, but the disease occurs frequently in those of the neurotic habit. The theories propounded for the explanation of exophalmic goiter may be placed in three divisions: (1) The cardiovascular theories, which locate the seat of the disease in the heart itself, in the vessels and in the blood. ( ) The mechanic theories, which connect the symptoms with compression of vessels or nerves in the neck by a primary hypertrophied thyroid. (3) The nervous theories, which attribute the disease to disturbance in the vagus nerve, in the sympathetic nerve itself, or in the central nervous system proper.

Treatment: Rest and protection from excitement are essential conditions of a successful treatment. After this the treatment is mainly directed to the symptoms. The remedies most used are the bromides and digitalis; digitalis to slow and steady the pulse, the bromides for two reasons: (1) as nervous sedatives, and (2) for their reputed action in producing anemia of the nerve centers.

In some cases, when there is no cardiac lesion and the pulse is good and strong, aconite with bromide is of good service. Ergot, for its power of contracting the caliber of blood vessels, is also a rational remedy. There is a difference of opinion as to the propriety of administering iron. Tyson believes the decision should be based on the condition of the patient on the presence or absence of anemia. Galvanism of the sympathetic is said by German writers to be of service. Theoretically it should be. A constant current of from 5 to 8 cells is used. The negative pole is placed on the fifth vertebrae, the positive pole along the sternum. Special efficiency has been claimed for the tincture of nux vomica. Thyroid extract (see Thyroid treatment) has not proved very useful. Section of the cervical sympathetic is advocated by some. Ligation of the carotid has been practiced in pulsating exophthalmos. The results of operative treatment have been partially satisfactory. Oppenheimer collected 68 cases; 18 completely recovered, 26 were more or less improved, 9 were not changed, 5 died almost immediately and 4 within 24 hours.

Dr. Frederick C. Coley, in an article on the medical treatment of toothache, in the Practitioner, states that of all medical remedies he knows of none which is so successful as sodium salicylate. It is especially useful where the pain is caused by a cold.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

### SMALL POX OR NOT.

From the best information obtainable at present, small pox seems to have been extinct in the U. S. for the past twenty-five years, until the summer of 1898 when it was brought to this country from Honduras, Central America. It was first introduced into Alabama thence scattered over the entire Union almost. If any brother knows to the contrary of the above I would thank him for such information through the Recorder or by letter as I only want to state facts.

Reports show that thirty-five counties in this state, Arkansas, are infected. The annoyance by this loathsome disease, the time lost from work, the immense suffering and the many precious lives that were lost might have been avoided, had it not been, that some of our foremost doctors made the fatal mistake "that the disease was not small pox." Oh! How careful we as physicians ought to be in our diagnosis, knowing that hasty conclusions have ever been the bain of societies, of states and also of nations, Wars have been declared, property destroyed, lives lost and nations have fallen all from the one cause of hasty conclusions.

It would be far better for us when we are not positive as to what a thing is to "just sit down and think." We know full well that all great discoveries were made by thinking, but I suppose that should I write a book on the subject of thinking, and it were placed into the hand of every doctor in the land, that some of us would still draw hasty conclusions. Many good M. D's have been called ignorant, when in fact they were very intelligent, just because they failed to think.

When we read from an author on any subject, if we will only come down on a level with him, lay aside our preconceived notions or opinions, pay close attention to what he says, compare it with others, considering all the facts, circumstances, etc., in the case, we can most generally arrive at an almost correct conclusion. But when we as medical students (for we are all such if we are practicing) sneer at the writings of another, say he is a fool or a liar that would write such, then we are in the wrong place. We ought to be in the asylum instead of the practice of medicine.

What little knowledge I have in the line of practice I attribute the best of it to what I have obtained through the Journals. As the wise man has said and as I believe, "In a multitude of council there is safety."

S. W. H. Nibblett, M. D.,
Elizabeth, Ark.

### SYPHILIS.

Syphilis is a disease which is commiting fearful ravages all the time, even more than physicians realize unless they carefully consider the matter. To stop it is the problem of ages but it seems more imperative than ever at the present time to have some solution. I offer the following for the consideration of the profession. Some State law should be enacted to prevent the spread by inter-marriages of the horrible disease of syphilis. If this disease could be confined to the real guilty violaters of the law of chastity and purity it would not be so bad but the influence on innocent parentage and offspring is sad. Many innocent persons of either sex have been ruined in health and happiness for life by

marriage to some unworthy syphilitic companion.

State laws should be enacted to punish all such offending syphilitic cases who willfully marry innocent persons, to drag them down to shame disease and even death. Such a law should require all physicians to register every case thus treated, as other contagious diseases and such registration should be forwarded by health officers to each clerk of their respective counties for public inspection, and to act as a bar against county clerks issuing marriage licenses to all such diseased applicants under a severe penalty of law. If any such diseased person should by fraud or deception marry an innocent person knowingly, they should be imprisoned to hard labor, for a reasonable term of service and for every second offense to this marriage law, make the penalty a fit one for castration to protect the innocent from such exposure to this horrible disease by marriage contract.

This would soon lessen the crime and prevent the spread of the loathsome disease to innocent parents and their offspring, and would be an inestimable benefit to humanity at large. I would also punish all renters or keepers of houses of prostitution under the same law. Such legal measures would soon tend to arrest the spread of this terrible disease by inter-marriage, and preserve the health and happiness of the pure and virtuous at heart, and justly punish the guilty offender of the laws of chastity and virtue.

Who will second the move?

W. H. Gray, M. D.,
Michigan City, Ind.

## THOSE FUNCTIONAL NEUROSES.

The functional neuroses have fallen into line. They are now in fashion, if they never were before. If a specialist wants to be very special, all he has to do is to write the two words on the left-hand lower end of his card, and talk learnedly of the "problems." There are two of them, and they come of course from our German collaborators, and are distinct and distinguished with the refinements of the most elaborate pharmaceutical fancy. Listen:

"The functional neurosis is due to a co-existing lesion of the genital tract."

And again:

"All functional neuroses should be under the exclusive treatment of the neurologist."

The American practitioner is confronted with the blunt: "What do you think about that?" And sad to say, he answers the second problem first, and by directly repudiating it. Exalted as his opinion is as to the neurologist and his professional attainments, the general practitioner considers that the functional neuroses should be treated by the intelligent family physician, who, although not familiar with the nice deductions from pathological laboratory researches is abundantly able to compass treatment.

It is terribly unprofessional to "sit down" on the specialist, but in this instance it is one of the fatalities. It is true that the gay neurologist, who keeps tab on the words, "Functional neuroses," has some of the most wonderful isms and most wondrous ologies ever seen. But get right at him, and —what do you think then?

Of course, the neurologist in question has got all those pretty isms and ologies, all his own. He can talk us blind on them. In fact, he does. Naturally he gives the impression that he is employing some woefully exclusive remedy. Open your ears and hear him discuss the new materia medica. He mentions that he has it direct from some Berlin or Vienna periodical that Prof. Von Grosse is

employing the alcoholic extract of the Siberian willow, and that, by the rarest of providences, he has obtained some, and this is "probably the reason for our uniform success." Hearing this, you instinctively do two things: Imprimis, you turn to the medical directory to be sure the man is not a duckbill, then the next thing you do is to try and "get some."

But it is right here that the serious practitioner finds the first of the two problems advancing. He furbishes up his most bristling interrogation points and adheres them to that problem. He is tempted to be bold all along the lines of the other problem and to exclaim, "Every general practitioner his own neurologist." But when he planishes the first problem, he isn't satisfied to return to the affirmative reply. He isn't quite sure that he has any overwhelming desire to illustrate every practitioner his own gynecologist." He has high respect for the great gynecologists, and never ridicules them, as he does certain other specialists, under his breath. He is not quite ready to discuss that primary problem. But pshaw! This is false modesty. Let the question have the answer that the pathologist is ready to supply.

And that? We may doubt that every functional neurosis is due to a co-existing lesion of the genital tract. We are perfectly well aware that the specialist with the card refers first and last, if not all the time, to womankind. And the able long-time practitioner meets the "prob" with a laugh, and assures us that having had any quantity of genuine neuroses to deal with, he is willing enough to let hysteria, epilepsy and chorea claim genital origin, but has to draw the the line on tetanus, rabies and somnambulism. He is probably glad to have Addison's disease, cystitis and spermatorrhoea do reasonable stunts in inducing neuroses, but he has too much esteem for diabetes and gravel to consider them in the category. But, levity and skepticism aside, every neurosis may not be due to lesions of the genital tract. Yet it is pleasant and convenient to so regard them. We may treat them all as though we knew that they have such a cause, and for a good reason.

Let me be personal. I happen to have a likely love for that new materia medica, and have been bitten by gleditschine and chian turpentine, and bussed by the cascaras and the nicest ines. So I went forth to get some of that Siberian willow, poplar or whatever it may be. Couldn't find it. Next? I procured some cards, sent me by the specialists themselves, and honored them with some of my chorea bores. There were four. Some came back with prescriptions, and some with "it." Now, from this experience of mine, I deduce that the neurologists in question employ neurosine. And you and I and all the rest of us exclaim, "So do I." Nothing new and exclusive about that. Lesions of the nerves and of the genitalia are both cured by it.

This really disposes of both problems, you see, for if the remedy is as applicable to the alleged cause of the neuroses as to the neuroses themselves, it matters little as to ancestry and birthright on either side. So curing the neuroses, no matter what they are, or where they originate, the gynecologist can find room on the back seat with the neurologist.

But the term neurotic has some elasticity. When we use it ordinarily, we refer to any remedial agent, whose action is mainly directed to the great nerve centers. The class includes remedies whose main action is upon both the brain and spinal cord. This remedy acts cerebro-spinally, and in one way as potently as the other; and so when we call it a neurotic, we speak of it as an all-round one.

Now, if we take down the pharmacopoiea (dispensatory will do as well

with this character in mind) we find that the same term has been applied to the bromides, of all medicines the most unsatisfactory, yet to many physicians distinguished par excellence as the neurotics. For the bromides the remedy is substitutive, in that it possesses true neurotic power without inconsistency, with no toxic action and in procuring complete control of reflex action. It does that which we want bromides to do. It makes neurology a readable chapter in medicine. It is approved upon physiological action in clinical adaptation. Acceptable to the most delicate stomach and having no untowards sequels, no inerrancy and no abnormality of action, we may let the neurologist share with us in building a reputation, on it.

As for bromides? Look at the truth with both eyes?

The author of one of our standard text books on materia medica and well known on both continents as a careful observer, states that among the thousands of drugs that he has examined, he has found none more unreliable, by reason of adulteration and impurities, than the standard commercial bromides. The fact demonstrates that no bromide should be prescribed until it is tested. As this may be altogether out of the question, it is obvious that they should not be prescribed. The careful physician shrinks from giving them for epilepsy, for example, and having them produce visual disorders, bronchial catarrh, cutaneous eruptions, distressing pharyngeal constriction and gastric disorders. The physician who employs them knows, as well as anything can be known, that it is almost rarely that the bromides can be relied on; and yet despite every dogma of therapeutical science, he lets his prescription blanks become conducive to professional profanity.

It certainly does not make a physician feel happy and ethical to have to promote cerebral action of the bromides with opiates and chloral, or to have to be dependent on gelsemium, aconite and veratrum, in his prescriptions of the bromides when he seeks to procure satisfactory depressing effects on the circulatory system. It is not particularly pleasing to one's sense of propriety to know that he is prescribing unstable remedies.

Without becoming vulgarly trite, it may well be said that never did drug demand a substitute more than do the bromides. For what? For the functional neuroses, of course. We do not depend on bromides in treating them. We prefer a remedy that is beyond question.

GIFFARD KNOX, M. D.,
New York City.

## SEXUAL DEBILITY.

Please inform subscribers of the Recorder that my mode of treating sexual debility is pre-eminently successful and I will give gratis an explanation of my method, if a history of the case to be treated is sent me.

J. M. DAVIS, M. D., Detroit, Mich.

## STATE MEETING.

FIFTY-FOURTH ANNUAL MEETING WILL BE HELD AT MILWAUKEE, WIS., JUNE 20, 21, 22, 1900.

The plan of the 1900 meeting involves a still further reduction in the number of papers to be presented, in order to permit more extended and thorough discussion. There are to be twenty "papers by invitation" and ten "volunteer papers,"—thirty in all. There will be, in addition, an "Address in Medicine," an "Address in Surgery," and the President's address. Since there will be six sessions for scientific work, there should be ample time to consider carefully each subject.

It is expected that the program will be of the very highest order.

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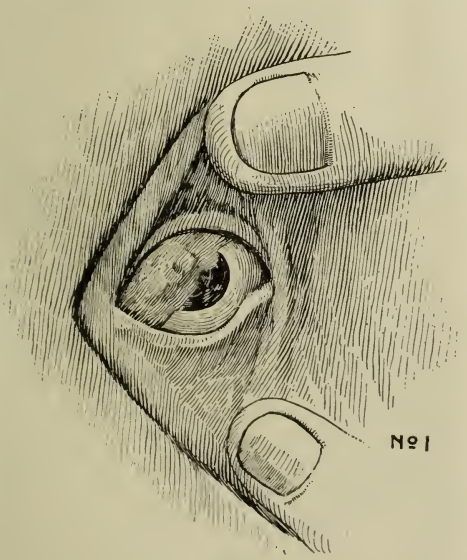
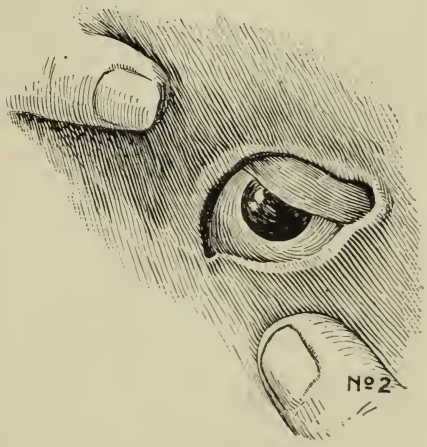
## LEADING ORIGINAL ARTICLES.

### PTERYGIUM.

By J. W. Bird, M. D., 110 Strongs Avenue, Stevens Point, Wis.

Pterygium is a very common defect of the eye, so I have no new subject to offer. The universal prevalence of this deformity is responsible for its being lightly considered by many in the profession (and particularly the laity.) Because a disease is frequently seen is no reason why we should not give it our earnest attention, the same as we would the complicated and unexpected cases.




Pterygium causes very little pain or discomfort in its early stages, but the following case emphasizes the importance of early operation. Eye waters, cauterization, etc. are of no value. If the growth is fully developed and of long standing it interferes very much with the ocular movements, and diplopia may be an annoying symptom when the ocular muscles are brought

into action. Conjunctival catarrh is a more or less constant concomitant in pterygia growths, and if neglected for any considerable length of time partial or total obscuration of the pupil is produced.

The accompanying illustrations are the eyes of Mrs. M.—aged 46. No. 1 the right, No. 2 the left eye. No. 1 is not a typical pterygium growth and this is the eye that presents the more interest in this case. There is no attachment to the cornea as in a typical pterygium; it is a fold of the conjunctiva drawn across the upper third of the cornea. This pseudo-pterygium becomes inflamed and swollen at times nearly covering the pupil of the eye. A probe can easily be passed under the growth nearly to the margin of the cornea. Its removal is accomplished in about the same way as a typical pterygium and the cornea left in a much better condition.

The left eye (No. 2) illustrates very distinctly the deleterious effects of a pterygium when it is left for years and not removed by a radical surgical operation. In this case the operation arrests any farther invasion of the cornea, but the results, as far as vision is concerned, are far from being satisfactory.

An early operation is always to be advised, even to the removing of a pinguecula, which is the starting point of a pterygium. I might state here that I have removed several pinguecula by excision, with very satisfactory results. If the profession were more vigilant in these cases and were particular to inform patients as to the outcome of pterygia growths, deformities like the ones described would be less frequently seen.

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This article brings out the value of early operation for pterygia. They are frequently allowed to attain such a size that the results of operative work are not satisfactory.—Ed.

## THERAPEUTIC SUGGESTIONS.

By E. C. Rothrock, M. D., Tennessee Colony, Tex.

(Sixth Paper.)

### DIGITALIS PURPURA.

Purple fox glove, the leaves of which are used, grows wild in Europe and is cultivated in gardens of this country (United States) for its beautiful purple flowers. Digitalis is a cardiac tonic, a vascular stimulant, an excito-motor, a diuretic, emetic, paralyzant, anaphrodisiac.

An overdose causes gastric disturbance, sneezing, nausea, vomiting, colic, purging with green colored discharges, lowers temperature, produces headache, irregularity of heart's action and vertigo. Lethal doses lessen reflexes by stimulation of Letschenow's center, paralyzes the muscles and peripheral nerves, motor and sensory; respiration becomes rapid and feeble; cyanosis, coma and convulsions, death by sudden paralysis of the heart, which is arrested in systole. Digitalis and aconite are antagonistic; both drugs lower the action of the heart, but otherwise antagonize each other in their cardiac action. Aconite lowers arterial tension, digitalis raises it. Aconite relaxes inhibition and depresses the cardiac ganglia, digitalis increases inhibition and stimulates the motor ganglia, Both drugs eventually paralyze the heart, digitalis by overstimulation, aconite by depression. The heart is arrested in systole by digitalis, in diastole by aconite. Aconite acts quickly, while digitalis acts very slowly. The antidotes to digitalis are tannic acid, aconite, opium, senegin, saponin. The stomach should be evacuated in poisoning cases. Diuretic action of digitalis is due its influence on the general and renal circulation, increasing the force of the ventricular contractions, contracts the blood vessels of the body. Digitalis

is used principally in heart disease and as a diuretic. "In irritable heart of soldiers, it is curative."—Da Costa. In dilated right heart fluid extract digitalis five drops or specific tincture two drops, either every three hours will give relief. In palpitation, cardiac failure, venous engorgement, digitalis in small doses, two drops every three hours will act like a charm.

In hydropericardium, five drops fluid extract digitalis, alternated every two or three hours with apocynum cannabinum is very effective in stimulating absorption. Juniperum, hair cap moss, ten drops alternated with nitrate potassium three grains is also good given in plenty of water; in large doses it will purge, irritating stomach and bowels. Acetate potassium, three grain doses, in plenty of water every four hours will also successfully remove the fluid. Jalap pul. and cream tartar, equal parts is a good remedy to act on the bowels, so is magnesia sulphate. In all forms of dropsy remedies should be changed or alternated and when the serum is removed, the blood should be enriched by stimulating the blood-making functions, using iron und other remedies. The pyrophosphate of iron is good, alternated with helonias doica, aletris, tincture of cinchona; small doses are of benefit, In ascites fluid extract digitalis three drops every three hours will act nicely, particularly if the pulse is small and feeble and fluid extract apocynum cannabinum, ten drops, will assist in reducing the accumulation of serum in the cavity. Cases where the urine is dark and scanty, burning pains and dyspnoea, tincture of apis mel., one to two drops three times a day will relieve.

In emphysema, where there is hypertrophy of the heart fluid extract digitalis in small doses, three drops every four hours, will frequently relieve. In catarrhal bronchitis with high fever, dry skin, soreness in chest, one-half to one drop every hour, for children one-eighth to one-quarter drop until fever is reduced, is of great benefit, and should never be forgotten; it has a controlling effect over all inflammations and catarrhal fevers. If there is painful cough, starting in sleep, the child should have one-half to one drop belladonna. Very young children should have one-eighth to one-quarter drop every three or four hours until relieved, or alternate with aconite until fever abates. If there is suffocation, palpitation of the heart, spasmodic cough, tightness in chest, digitalis one-half to one drop every one to two hours for children, five to ten drops for adults, will act like a charm.

Asthma connected with disease of the heart, digitalis five drops, every two hours alternated with cereus grandiflora, ten drops, will act promptly. Sumbul root, twenty drops, is good, also heris amara, five drops used in alternation is of great use. We have cured cases of asthma of long duration, some old cases ten and fifteen years, with grindelia robusta. Grindelia robusta is indicated in spasmodic affections of the respiratory organs. It appears to have selective affinity for those organs and therefore is curative in spasmodic asthma, hay fever, chronic bronchitis after subsidence of acute symptoms; in acute bronchitis it is curative. It is very useful in whooping cough, and in croup alternated with jarborandi, its action is prompt and sure.

In hydrothorax, digitalis ten drops three times a day acts well alternated with polytrichum juniperinum, twenty drops, will act promptly. Pipsissewa, asclepias syriaca, apocynum cannabinum are all valuable remedies in this disease. In paricarditis, with irregular and intermittant pulse and sense of suffocation, digitalis, ten to fifteen drops, every four hours acts well. If there is pain in region of

heart, bryonia alba, two to four drops every three hours relieves. Tightness in chest and around the heart, cold perspiration indicate that cereus grandiflora should alternate digitalis.

Care should be used in administration of digitalis, as it is likely to produce dangerous sedation in some cases. In prostatitis, with frequent desire to urinate, pains in the bladder, digitalis, ten drops every four hours, alternated with pulsatilla, five drops will act surely and promptly and will relieve; thuja occidentalis, two to three drops, is a charming remedy in this trouble. Fluid extract ergot, ten to thirteen drops, is also very useful remedy in this trouble where it follows gonorrhoea.

SANGUINARIA CANADENSIS.

Sanguinaria canadensis, blood root, red puccoon, is a smooth herbaceous, perennial plant. The root gives off a few fibres and abounds in bright orange colored juice. The root is as thick as a finger, two to three inches long, fleshy, reddish-brown externally, brighter red internally. The whole plant is pervaded with acrid juice and which is more abundant in the root. Blood root grows in most parts of the United States, growing in the woods, in light, rich soil; it is one of the earliest and most beautiful spring flowers, appearing in March and April. The flowers are white and odorless. The root when pulverized, forms a brownish orange red powder, which darkens when kept long exposed to the air; it has a faint odor, and bitter persistent acrid taste. Its properties are imparted to water and alcohol. It contains three alkaloids, sanguinarine, protopine and chelethrine, combined with citric and malic acids; also resin, gum. albumen, etc.

Blood root causes sneezing, increases secretion by irritation of the secretory organs and produces salivation. Toxic doses first increase heart's action; then depresses and paralyzes by stimulation of its inhibition, decreases the reflexes by paralysis of spinal centers, causes, dilatation of the pupils, lowered temperature, cold sweats, great thirst, collapse and death by paralysis of the cardiac and respiratory centers; convulsions are frequent in poisoning.

Sanguinaria is successfully used in bronchitis, acute and chronic, in nasal catarrh, asthma, catarrh of the duodenum and biliary ducts, atonic dyspepsia, impotence from irritability, croup, amenorrhoea, pneumonia, strumous and syphilitic troubles. In scarlatina, a gargle of blood root is efficient; in nasal polypi it is very useful after removal, by insufflation. In hypertrophy of nasal mucous membrane it is of great service as in injection or insufflation, and five drops fluid extract sanguinaria every three hours in such cases is prompt and sure in its curative properties. The powdered drug is of great use locally in ulcers and fungous granulations. In atonic dyspepsia five drops of fluit extract or one-tenth grain of saguinarine is of great benefit, alternated with chionanthus or berberis, if the liver is implicated it will be of great use in this condition. In functional impotence from irritability, fluid extract blood root, five drops or three drops specific tincture every four hours will act nicely and promptly, or nitrate sanguinarina one-twelfth to one-eighth grain can be used, taken in syrup.

In acute laryngitis, aconite twenty drops, water four ounees, teaspoonful every hour for fever and inflammation, alternated with fluid extract blood root, five drops, is curative. There is nothing better than sanguinaria in such troubles as croupy cough, difficult breathing, tightness in breast and pain in lungs. If severe headache, drowsiness and aphonia, then alternate blood root with belladonna, fluid extract or specific tincture, two drops

every two hours. If this does not relieve, voice horse, cough croupy, respiration dfficult, in place of belladonna give bromine, one drop every three hours, alternating fluid extract blood root ten drops.

In bronchitis sanguinaria is one of the best remedies. In children, attended with hot skin, painful cough, pain, cough dry and tight, then syrup of sanguinaria five to fifteen drops, as to age, every one to two hours as indicated, cannot be excelled; alternated with bryonia alba one or two drops will relieve pain. In some cases blood root can be combined with other remedies to advantage, as squills, ipecac, lobelia, senega, jaborandi. In respiratory troubles, if there is rattling in chest, convulsive cough, vomiting, phlegm, dyspnoea, with pale face or around the mouth, one drop ipecac, specific tincture, every half hour alternated with sanguinaria syrup will relieve this.

In spasmodic croup it is a charming remedy. In membranous croup it is of the greatest efficacy, alternated with jaborandi; in proper doses it cannot be hardly improved upon, frequently expelling the false membranes. The dose of syrup of sanguinaria for adults is one-half to one drachm repeated as indicated. In whooping cough sanguinaria is very useful. In diphtheria syrup or tincture of sanguinaria is of decided benefit, and local application of the diluted tincture to the throat is a valuable aid. We often have applied it to the throat with spray apparatus with the greatest benefit.

Sanguinaria alternated with ipecac in small doses, will frequently relieve emphysema, with spasmodic cough, where sputum is tough and difficult to raise, it will greatly aid expectoration in all cases. It is of great use in pneumonia after acute symptoms subside; it is a good remedy in asthma also. In splentis it is very beneficial if pain, stitches in left hypochondriac region; if there be diarrhoea, then two to four drops of blood root is very useful and will often cure without anything else. It is well used as gargle in scarlet fever for the sore throat. Sanguinaria is a good alterative in strumous patients. Sanguinaria is one of the most useful remedies we have, if used with proper precaution and when indicated.

## ACUTE APENDICITIS.

By Drs. Pennebaker and Tripp, Pleasant Hill, Kentucky.

Two questions of great moment are presented to the surgeons in considering the treatment of acute appendicitis; viz., when to operate and where to operate. This must be largely decided for the individual patient, and based upon the pathology of the case under consideration. The stage of the disease is to be first weighed, as surgical experience and statistics have decided upon safe procedures. Within the first twenty-four or thirty-six hours, laparotomy is good practice, if the diagnosis can be assured. The mortality of the third and fourth day operations are devoid of good results, as the adhesive inflammation is not completed, and the system labors under the effects of sepsis, which nature will in all probability render benign in a few days. It may be estimated that 98 per cent. of those who die from first attacks have the fulminating variety of the disease. As the secondary or suppurative stage supervenes, resolution to an extent may be looked for. Perforation or gangrene necessitates immediate laparotomy if constitutional condition justifies, but an operative death we believe should be deprecated. It is not intended to discuss in detail the operation for appendicitis.

The following case of acute appendicitis is presented: The complications in the first stage of the disease militated against early operation, and deferred the operation which as emergency arose was contra advised by the consultation, the patient being in collapse.

H. G., aged 24 years, single, farmer, well developed, family history good, of a peculiar, taciturn disposition. First visited the morning of April 28, 1900; he gave a history of several days indisposition, suffering from abdominal pains and cramps, and ignoring the importunities of his friends, he declined to secure medical advice. He had been for a long time the subject of some renal derangement, which he had treated by domestic receipts principally. He had been taking for this kidney trouble spirits of turpentine in one-half drachm doses; he had also taken purgatives and opiates, the former acting ineffectually. He had no elevation of temperature; pulse was inflammatory. He complained of excruciating pain in right iliac region, which had incapacitated him; abdomen not tympanitic, the muscles on the right side hard and indurated, and in region of McBurney's point tender on pressure. Prescribed calomel and soda; morphine and poultices locally.

Evening, April 28: Temperature 103 2-5°; pulse rapid and angry; the induration of abdominal muscles board-like, and had extended to right across the median line. The kidneys had moved slightly, but bowels had not acted. Prescribed sweet spirits of nitre and continued the treatment. Removed the patient to his home, a distance of several miles.

April 19, noon, in consultation: Anuria, with great desire to urinate, pain being felt along the spermatic cords and in glans penis. Catheterization negative. Temperature 102°, pulse 140. Abdomen tumefied, the induration being bi-lateral. Bowels moved slightly. Prescribed Ze-an (N. B. & Co.) as a diuretic, and fomentations to the lumbar regions and the feet in balnea sinapis. Owing to the existence of suppression of urine, and that to operate in the face of advancing purulent peritonitis would be unsurgical and mortal, laparotomy was discountenanced.

April 30, 1 a. m.: Patient in collapse, perforation occurred about 9:30 p. m. At 2 p. m. a surgical consultation, with patient ready for the table, advised against an operative death. Patient died at 6:30 p. m., never having reacted.

Laparotomy, it may be premised, is urgently indicated when perforation occurs and where peritonitis exists, the contra indication being extreme exhaustion. In defining the pathology of septic peritonitis in the surgery under present narration, two general varieties may be recognized, viz.: (1) The diffuse, diffluent, septic form, the foudroyant, with abundant exudation and thine as putrid, and lacking in fibrin. (2) The localized, encapsulated inflammation, from which the process may extend and become a fibro-purulent peritonitis. An operation (Miculiez) would in the first form be considered rational, with toilet of the peritoneum. In the second form, adhesive inflammation should be protected and encouraged. "The fresh infection from the freed contents of these encapsulated foci, have been the active cause of many endeavors to save life." In the latter form deferred multiple operation, evacuating each pocket of pus and not opening the general cavity of the peritoneum, are indicated. Coming to more contemporary surgery: "In 100 patients the subjects of general septic peritonitis; a larger number will not recover by section, irrigation and dainage than by expectant medical treatment. The peritoneum under the pathogenic in-

flammations cannot be cleansed and the semi-moribund patient restored under such surgical interference."

Conservative surgery is undoubtedly the safest. In reviewing operative procedures, a few simple aphorisms may be noted as pertinent, viz.: "The incision should be free from the smallest degree of mutilation or rough handling, and the pushing of instruments into the tissues should be avoided. The cautious surgeon is careful to wall off the intestines by properly arranged gauze pads, so that the least possible offense will be given to the intestines, particularly the small ones."

Two recognized operations are delineated by surgical authorities, viz., the usual one, defining an incision parallel and just external to the linea semi-lunares; the second, which is made by an incision far outward toward the anterior superior spine of the ilium, either parallel with Poupart's ligament, or inclining more vertically. The first operation opens the general peritoneal cavity, the second opens the abdomen where it is separated from the general cavity by the encysting inflammation (presuming general peritonitis to be not present). This more conservative procedure avoids draining the abscess into the general peritoneal sac, the probability of eventration and the necessity of consequent exposure or handling of the intestines. Dr. Byron Robinson, of Chicago, adopts the operation made as far outward as possible, and when he has exposed the sac, opens the abscess (after aspirating for confirmation) and treats it as any other supperating cavity, by closing the wound with a drainage tube in its dependent angle. This leaves a passage for the latter or subsequent extraction of a foreign body. The character of the pus discharged determines if the appendix or bowel be perforated, and the general symptoms would, to a large extent, decide upon the existence of gangrene or other intestinal complications. If there exist a degree of fecal impaction, which would make necessary an enterotomy for its relief, the median operation would probably be more desirable. We believe that the liability to hernia whihc is one of the sequelae to be feared, is less where the cicatrix is situated along the more central tendinous line. The standard for the abdominal incision is at this date of the evolution of the operation, one and oue-half inches in length, which shall confine the patient to his room for a week and a half, and which shall leave an evanescent scar and no ventral hernia. The incision is in the right linea semi-lunares and includes all the structures of the abdominal wall. It is oblique enough to follow the trend of the external oblique aponeurosis. The mesentary of the appendix is ligated with fine catgut; the base of the appendix ligated with a very delicate strand of eye silk to prevent seepage of the bowel contents into the wound, and the stump of the appendix is buried with three Lembert sutures. In closing the wound of the abdomen, the margins of the peritoneum and transversalis aponeurosis are united with catgut sutures; we reverse the internal oblique as a separate tier; and last, the external oblique and the skin. This permits the muscles to glide in their different directions and render unlikely a scar which will predispose to ventral hernia.—Dr. R. T. Morris.

Mr. Barwell claims for Mr. Handcock priority of conception for opening the abdomen in septic peritonitis, but the operation and deliberate intent of treating the peritoneun was first performed by Mr. Treves.

Authors quoted:
A. Morgan Cartledge, M. D., Louisville.
Mieuliez, of Cracow.
J. Mieuliel, of Konigsberg.
Robt. T. Morris, M. D., New York.
D. S. Fairchild, M. D., Clinton, Ia.

## DRUG MEDICATION VS. SUGGESTIVE THERAPEUTICS.

By J. T. McColgan, M. D., Arcot, Tenn.

[Continued from Page 130, May Number.]

I have, during the past three years, been conducting some careful experiments along the line of incidental suggestion; that is, suggestion by drugs. More than a decade ago I drifted into alkaloidal practice, and I will say with benefit to my patients. My fever cases were cut short fully two-thirds of the usual time, convalesced rapidly and I had no relapses worth speaking of. In alkaloidal parlance, I jugulated my fever cases, but I noticed one thing that happened too often to be a mere coincidence. When I could stay with a patient five or six hours, I invariably jugulated, when I left the same remedies to be given, I sometimes failed, so I began to look for the reasons and the following case will elucidate the whole matter:

Called to B. F., male, 22 years old, July 20. He was taken with a chill on the 18th, followed by a high fever and vomiting; and the 19th took compound cathartic pills, followed by a a full dose of magnesia sulph., which acted fully, but the fever failed to come down; so I was called on the morning of the 20th. I found him with a temperature of 105, pulse 110, tongue furred and dry with red edges, headache and nausea. I put 12 tablets aconitine alk. 1-200 gr.; 12 strychnia arsenite 1-134 gr. and 12 digitaline 1-200 gr. in 12 spoonsful of water, and directed his sister to give one spoonful every half hour until his tongue became moist and fever cooled, then give the doses one hour apart. I left the usual intestinal antiseptic, beta napthol, to be commenced as soon as the fever cooled down, expecting to come back that way in the evening, but was called off some distance and I did not get back until dark the next day. I found my patient with high fever and pulse, and on inquiry learned that they had given the whole of the mixture half an hour apart without cooling him in the least and had not given any of the antiseptic. The temperature registered 105½, pulse 100. I talked to him until I got his attention fixed, and said: "I am going to stay until moon-up and pull this fever down; the moon will rise about 12 o'clock and I intend to have you sweating like a stage horse by that time." I called for a glass and spoon and put 15 spoonsful of water in the glass and one tablet of strychnine 1-134 gr. to make it bitter. I gave him three doses, 15 minutes apart, and took his temperature. It had fallen half a degree. I showed him the fall and then gave the mixture half hour apart. When he had taken three doses I again took his temperature. It registered 103. I showed how it was coming down, directed him to keep his mouth closed, breathe through his nostrils and breathe slower and deeper. After three more doses he registered 100. "Now," said I, "you are reaching the sweating line; in fact, you are getting moist already. In half an hour you will be sweating." When I gave the next dose there were beads of perspiration on his brow and I commenced the antiseptic. By the time it was light enough to see how to drive he was sweating copiously. I never made another visit and in four days he walked to my house, one mile, to ask me if watermelons would hurt him. He took in all about 6 gr. of beta napthol.

So I find that if you can get the patient convinced that you are going bring down his temperature and induce him to shut his mouth, breathe slow, regular and deep, it matters very little what you give him as an antipyretic. Slow and regular breathing will equalize the circulation quicker than any narcotic, and when the objective mind is employed with control-

ling the breathing, capillary spasm relaxes without paralyzing any nerve centers or destroying nerve cells. 'Tis true that you will occasionally find one that is rebellious, that won't give you his attention or try to accept your suggestion. In such cases a few whiffs of chloroform will calm them to a suggestable condition and I then use hypnotic suggestion.

I have treated in the last year over 30 cases of fever, several of which had been developing three days when I was called. I have not made exceeding three visits to any case, and in the largest number only one. My practice has been to clear out the alimentary tract, sometimes by suggestion, either direct or incidental, reduce the temperature by suggestion, and then give intestinal antiseptics least liable to absorption. I have given no quinine, opium, acetanilide or calomel. In the cases where I gave aconitine and strychnine the amount was so small that I am satisfied that water with any other bitter taste would have answered every purpose. When you destroy the protoplasm of cells by such antiseptics as calomel and quinine, you diminish vital force, lower the resisting power of the patient and have a protracted case with all the dangers of organic lesions.

I have had no experience with any fully developed case of pneumonia, and of the half dozen cases which appeared to be pneumonia in the first stage and were readily aborted in from eight to twelve hours, of course I couldn't affirm hepatization would have taken place under any other treatment. In such cases suggestion arrested the pain, regular breathing was induced, quiet sleep procured, the brassy, hacking cough became easier, the rusty expectoration diminished and the skin and kidneys by increased activity supplemented the faulty elimination of the congested lung. In none of them did I give enough medicine to produce its physiological effect. In all cases I emptied and made aseptic the alimentary tract as a preliminary measure. Some were treated in open cabins, under bad sanitary conditions. In the majority, however, the environment was better. They all recovered so rapidly that the common verdict was a very bad cold, which I did not think worth while to dispute about.

I have treated three cases of what is usually denominated incipient consumption, only one of which was verified by microscopic diagnosis. This patient had hectic, night sweats and lost about 15 pounds in weight. Under suggestive treatment and washing out the colon with antiseptics, appetite returned, the cough diminished, he became enamored of exercise in the open air, gave more attention to breathing properly, and has regained, not only his lost weight, but his cough has now disappeared and he is five pounds heavier than ever before.

My experience with chronic invalids of all kinds leads me to the conclusion that the fons et origo of them all, no matter by what euphonious names we call the assemblage of symptoms, of which they mostly complain, lies in about three physiological errors. Chronic constipation stands at the head of the list, and by this term I do not simply mean a failure to defecate, but a failure to thoroughly unload the lower bowels. A patient may have an action daily and with perfect regularity, and at the same time retain a portion of stale fecal matter, which is putrefying and poisoning vital cells. We do not remove this by purgative, even though we produce a number of watery discharges; but we can remove it by persistent and thorough irrigation. Make the colon clean and aseptic, institute the habit of going to stool at a regular hour by suggestion, and this difficulty will be overcome. The next error is faulty breathing. The lungs are as

important as excretory organs as both skin and kidneys put together, but a great many fail to use them as such and throw the additional work on these organs. From non-use the intercostal muscles become stiff and a sensation of inconvenience, sometimes amounting to pain, is induced, and the patient tries to screen these muscles by only half filling his lungs. The greatest benefit we get from hypnosis is by relaxing these muscles until that stiff feeling is removed and proper suggestion will keep them relaxed for several days and the habit of full breathing is formed. The next error is the habit of drinking too little water. You will find this to be the case with all chronic invalids. All living cells require to be surrounded by water to exercise their activities, and if the supply is scanty cell metamorphosis is impeded, vital force diminished, organic functions are imperfectly performed and mental action is dull and sluggish. This error in intelligent subjects can be overcome by auto-suggestion, and in any case hypnotic suggestion will very soon establish the water drinking habit. Under our system of catering to artificial appetites and consequent over-feeding there is a large amount of undigested and imperfectly digested food products passed through the great sewer, called the alimentary tract, and this offal is constantly undergoing fermentation, giving out gases and ptomaines, more or less poisonous to cell life. The organized commonwealth of cells maintain an elaborate system of scavengers to throw this deleterious matter out of the community, skin, kidneys and lungs being the ordinary channels, and the bowels on extraordinary occasions. But we doctors rarely permit this latter action. We call it pathological—have named it diarrhoea, cholera and cholera morbus, and straightway inhibit it by poisoning the nerve centers, even though we produce a dangerous fever in its stead. We never appear to think if the patient will keep cool and collected, lie down and keep still as soon as this matter is thrown off the excessive action will cease of its own accord and not a single cell life be offered on the altars of Hygeia. And still more, we never seem to think that if we had kept down the fermentation by addressing our material remedies to the putrefying dung heap, there would have been no necessity for nature to make this extraordinary effort at the cost of so much vital energy. There are two forms of fermentation found in the alimentary tract: one, from amylaceous food from which large quantities of carburetted hydrogen is rapidly absorbed and produces choleraic disorders and collapse, which is so common to them; the other, putrefactive fermentation of albumenoid substances, giving out ptomaines, which, being absorbed, are responsible for all the ills embraced between a dull headache and the most virulent attack of septic fever. We have no time to waste here with the specific germ theories of dillitante scientists. I write for plain, common sense doctors, who don't care a snap for Greek names for cell life. It is the misfortune of medical teaching that it has catered too much to names and artificial classification to the exclusion of more homely facts. We have been rainbow chasers, opposing hypothetic remedies to hypothetic diseases until we almost rival the Chinese. We haven't yet introduced dragons, teeth and blood, but almost every animal tissue and gland has been pressed into service, and we may soon expect some enterprising therapist to introduce a serum from the Gila monster of Arizona that will make one immune from everything, from consumption to a sore toe.

In conclusion let us draw the

distinction between medical and psychic therapia. The field of medicine is in disinfecting the contents of the alimentary tract and not in influencing the action of its glands; in preventing putre factive changes of food products and not in digesting them. Oppose material remedies to material things, leave vital actions to to mental control, keep the living cells surrounded by a plentiful supply of water, and keep this water in the condition most favorable for cell activities. Bear in mind that nutrition is a vital act and not a chemical act, and that the whole phenomenon of living is comprised under the two processes of nutrition and respiration, the taking in and the throwing out, and a want of equilibrium between these two activities is the cause of all the conditions we denominate disease. Neither medicine nor doctors ever cure disease. The patient cures himself. This is abundantly proven in the so-called absent treatment, which is successful in 20 per cent. of cases. In the various forms of skin diseases the same hints as to cleanliness and asepticism applies that we have given for the alimentary tract, which is anatomically a continuation of the integument, and the same caution against interfering with or trying to control its glandular function or destroy its cells is applicable. Mild, unirritating, cleansing agents are highly useful. Escharotic, strong stimulants and astringents are harmful. Nature in most cases is capable of relieving morbid conditions by her own methods, but we can assist her operations to a great extent and speedily accomplish what she would be months performing. Environment, both physical and mental, plays a large part in the successful treatment of all diseases, and mental environment is more potent for good or evil than physical environment. We see this illustrated in the wonder cures at certain sanitariums for magnetic healing, osteopathy, etc. So the doctor can do as much for his patient by a sensible lecture to the other members of the family as he can by treating the patient. Surround your patients with an atmosphere of cheerfulness, hope and expectancy, and the battle is more than half won.

The time has not yet arrived to "throw physic to the dogs," because material instincts yet dominate the race; but the time now is for us to cease doing harm by over-drugging. If the enormous sums which flow into the coffers of nostrum vendors of all classes were arrested, physicians would have a sum to draw from which would soon stop the cry of an overcrowded profession. These pharmacists are in the business solely for the money that is in it, and money-making under a competitive system means exploitation, sell all you can at at the highest price regardless of whether it benefits the consumer or not. This is the law of commercialism and they are not particularly to blame. But the doctor poses as a philanthropist and humanitarian; the dearest interests of his clientele are confided to his care. There is responsibility far above that of the tradesman resting upon his conscience, and he ought to be wise enough and conscientious enough not to allow himself to be made the cat's paw for professional exploiters.

As this article has run beyond the expected limits, I will defer to another communication my views on osteopathy, magnetic healing, christian science, absent treatment and various other forms of psychic healing, and I believe I can furnish the family physician with the proper explanation of these systems, so that he can educate his patients beyond the reach of being exploited by the extravagant claims of a set of charlatans, who "have stolen the livery of heaven to serve the devil in."

[To be continued.]

## EPISTAXIS.

By Perry Woolery, M. D., Heltonville, Indiana.

Epistaxis means active hemorrhage from the nose. Some people wonder why this is the most common form of hemorrhage, but it is easily understood when we know the histology of the Schneiderian mucous membrane, as the blood vessels are but slightly supported. This affection is mosf common at puberty, but some of the most alarming cases occur in old age, and especially in the old soldiers of the civil war, in which there is a debilitated condition of the blood—spanemia.

I have had the displeasure of seeing two such cases and must admit that they gave me much concern as regards the checking of the hemorrhage and the reconstruction of the patient after the loss of so much blood.

Case I. Was a man about 60 years of age, who had bled for several hours before I arrived, and who, by the way, would have beeu much better off had he been left alone than with the attendants which he had, as they were very much alarmed and had him lying flat on the floor, besides giving him whisky, as they supposed to keep up his strength, but of course at the same time keeping up the bleeding. When I arrived I got him in an upright position, used some cold cloths about his head and tamponed the anterior nares with cotton saturated with peroxide of hydrogen, which checked the hemorrhage immediately. Kept him quiet on cold drinks and cold diet for a few days. Then gave him iron and cod liver oil as reconstructive agents, and he is now enjoying good health. I might also state that there was no exciting cause in either case.

Case II. Was a very anemic old man of about 70 years. One thing that was peculiar about his case was a tendency to recur every other day. I thought perhaps there might be some malarial influence in the case, but I could not satisfy myself as to that, as he was not living in a malarial district; besides it was not that time oi the year. He had three severe hemorrhages, losing a great deal of blood each time, and to make it more interesting it was a case of choanorrhagia, in which the bleeding goes on posteriorly very profusely. Plugging the anterior and posterior nares with antiseptic cotton saturated with $H_2 O_2$ and keeping ice coil to back of head and neck, patient in upright position with arms elevated, thereby causing a less vigorous circulation through the carotids and an increased flow through the extremities. Large doses of tincture iron and fluid extract ergot and strict rules in regard to diet and drink have prevented any recurrence so far, it having over nearly six weeks since the last hemorrhage.

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Occasionally a case of epistaxis is met which is most difficult to handle. The method which I find efficacious in most cases is similar to Dr. Woolery's. I wash out the nose with hydrogen peroxide, then blow in some irisol and pack with cotton. The nose should be dressed this way every day until it heals. If the bleeding point is located then the packing can be placed directly on it, and in many cases it is then unnecessary for posterior packing. In severe cases I place a Bernay's nasal sponge under the bleeding place; this swells and will stop most nasal hemorrhages. Before inserting it I put a string through it which makes its removal easy. Touching the bleeding point with the galvanocantery will stop the worst nasal hemorrhages, but I have found the Benay sponge more satisfactory. I saw a most severe nasal hemorrhage controlled by the Bernay sponge. For reconstructives after severe hemorrhages, bovinine and pepto mangan Gude are very efficient. EDITOR.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE.

By M. G. Price, M. D., Mosheim, Tennessee.

(Fourth Paper.)

### COTOIN.

We have had under our care for several months past a case of pulmonary tuberculosis, and in the last few days have had to meet that most distressing symptom, diarrhea, which generally marks the last stages of this dread disease; but we met it, and successfully, too. We might have employed plumbi acet., opium, copper, bismuth, etc., but we did not, using cotoin in their stead, of which we have heard much from certain quarters. We must say that we were agreeably surprised and gratified at the result, our patient having rapidly improved on the treatment.

Let us study this drug for a little space. It is derived from coto-bark, a plant growing in Bolivia, South America. Little is known of its botanical origin, but it is thought to be a member of the natural order of Laurinae and this is the position taken by the National Dispensatory of 1886. The bark is imported in flat or curved pieces, a foot or more long and three-quarters of an inch thick. Outwardly it is of a cinnamon-brown color, but break it open and it appears studded with golden yellow spots; its odor is aromatic. The powder is very irritant to the Schneiderian membrane. Its taste is aromatic, sharp and slightly bitter, but not astringent.

The active principle is a crystallizable substance, called cotoin, of a pale-yellow color, and is slightly soluble in cold water, but insoluble in hot water, alcohol, ether, chloroform and alkaline solution. There is a bark differing very little from coto, known as para-coto, and from it we obtain an active principle, known as para-cotoin, which is feebler in effect than cotoin.

The coto powder, when applied to the skin, causes heat and redness; taken internally, it causes a sensation of warmth in the stomach, and sometimes nausea and vomiting. It causes increased flow of saliva and small doses increase the appetite. This latter effect was most marked in the patient mentioned in this paper, so much so, that after the diarrhea had ceased we continued him on one granule every four hours for quite a while. The drug is eliminated from the system through the urinary channels. It is a bacteriacide and retards the development of putrefaction. It causes dilatation of the intestinal blood vessels, but does not produce constipation in healthy individuals.

Cotoin and its counter part, para-cotoin, are remarkably efficient remedies in diarrheas. All forms of this disease are amenable to its healing virtues, except diarrheas caused by ulceration of the bowels; in these it has generally failed. Potter, page 212, highly recommends it in the diarrhea of phthisis, typhoid and cholera. In Asiatic cholera, para-cotoin has been used in three-grain doses, hypodermically, with great success. When there is any acute inflammation of the gastro-intestinal tract, this remedy should not be used; but in functional diarrhea, cholera

infantum and that resulting from reduced nutrition, it exerts a most salutary effect.

In tuberculous diarrhea we find it most generally useful; so much so, that some one has said that a diarrhea that will not yield to it is not of tuberculous origin. While it checks the diarrhea, it also checks the night sweats. We gave 3-67 grain every two hours, which greatly modified the diarrhea. The stools becoming less frequent and much less in amount, and at the end of thirty-six hours the diarrhea had ceased entirely and remained so; after forty-eight hours a natural stool was had.

The dose is variously given as one-half to one grain by Shoemaker; one to four grains by Potter; one to four grains by Gould. We think possibly the diarrhea in the sense spoken of would have been controlled earlier had larger doses been given; yet we can be but feel satisfied with the results in the case. Not only was the diarrhea relieved, but the colliquitive bronchorea, a most distressing symptom, was greatly modified and the night sweats checked. This, with a wonderfully improved appetite, makes a picture that is a good showing for the drug.

Cotoin, 1-67 grain, one to three granules, and hammamellin one-six grain, one to three, granules every two hours, is a very useful combination in diarrheic conditions.

## ADONIDIN.

Adonidin is one of the active principals which is not used as much as it should be, for it has decided virtues which any practitioner will find useful if he uses it to any extent.

Cervello discovered adonidin and was the first to experiment as to its physiological and clinical properties.

Adonidin is the active principal of the adonis vernalis, an herbaceous plant belonging to the ranunculaceae and grows in France, Switzerland and Italy.

Adonidin can be found in any part of the plant and formerly the stalks and leaves were used, five kilos being used to obtain a grain of adonidin, but now it is also extracted from the root. Adonidin is a yellow or yellowish-brown, odorless powder, with an intensely bitter taste. It is hygroscopic and should be kept well stoppered. It is soluble in water and alcohol, but not in ether or chloroform. The dose is 1-16 to 1-4 grain, the maximum dose being one grain.

The action and properties of adonidin have been investigated by Vicenzo, Cervello, Budnow, Lesage, Mardagne and Huchard. The general opinion of these observers is that adonidin is a most valuable remedy on account of its rapid and characteristic effects. That (1) it regulates the heart beats, diminishing their frequency and increasing their force, (2) it promotes diuresis rapidly and freely, (3) it has no cumulative action, (4) it can be used in some cardiac diseases where digitalis is contra-indicated.

Experiments as to the physiological action of adonidin show:

In the first place there is slowing of the heart beat, with an increase of arterial tension.

In the second the pulse is more frequent, but the blood pressure still increases.

In the third the heart beats become precipitate, but the blood pressure is lowered.

The increase in the blood pressure is considerable, for Lesage saw the column of mercury rise from sixteen to thirty-six centimeters, and Mordagne, after administering three centigrammes to a dog, noticed a rise of eighteen centimeters.

M. Huchard, in a paper presented to the Therapeutical society, stating that after injecting one to two centi-

grammes into a Guinea pug, he noticed that the cardiac and respiratory movements diminished in frequency; paralytic phenomena were manifested, the temperature was lowered, and the animal died in from fifteen to twenty minutes.

Dr. Van Renterghem experimented on himself with the following results: Doses up to four centigrammes produced no effect; with the latter dose a marked decrease in the number of the cardiac pulsations occured; with six centigrammes the same results. The doctor's pulse oscilates normally between seventy and eighty per minute; under adonidine it was reduced to fifty-eight and sixty-two per minute.

M. Durand compares the action of adonidin to that of other cardiac medicaments, such as digitalin, caffeine, sparteine, strophanthine. According to this author, adonidin can regulate the pulse and the cardiac movements in man. Huchard has seen adonidin produce favorable effects in many cases; in a case of asystolia, a galloping bruit, and anasarca, diuresis was twice inaugurated by adonidin, the quantity of urine passed rose from two to six liters, but its use had to be abandoned on account of the nausea and vomiting produced by its use. In a case of mitral disease, where the fatigued heart did not contract energetically enough to produce the characteristic murmur, the latter reappeared under the use of adonidin, by latter strengthening the ventricular contractions. According to the same author, in typhoid fever, when there is a considerable lowering of the blood pressure, we can use adonidin to great advantage and increase the blood pressure in the organs.

Huchard states that this drug is contra-indicated where the vascular pressure is already too high—in aortic affections, arterio-sclerosis and the first period of interstitial nephritis.

Thomas Oliver found in cases of mitral and aortic insufficiency, that adonidin gives immediate relief checking the palpitations, vertigo, ringing in the ears and cephalalgia.

The literature of adonidin is rather meager, but the latest original contribution on it is by Dr. Heinrich Stern, of New York City. His article is a prize paper in Merck's Archives and is the best paper on the subject we know of. His article is based on his own investigations and is a plea for the extension of the use of adonidin in therapy. We present his conclusions below:

It has been the custom to regard adonidin as a mere succedaneum of digitalis. While the physiologic action of these drugs is identical to a certain degree—as, in therapeutic doses, both seem to stimulate the vasomotor center in the medulla oblongata, the cardiac inhibitory apparatus and the walls of the arterioles—adonidin, notwithstanding its more prompt and energetic action, may be safely administered in such pathologic conditions, where digitalis, even if given at all, should be administered with the utmost caution only. I refer to the fatty degeneration of the heart, pericarditis, simple hypertrophy and certain atheromatous conditions.

Digitalis, on account of its slow, uncertain, and not infrequent cumulative and toxic action, was hardly ever employed in the treatment of these affections; still, a cardiac tonic, notwithstanding an apparent hypertonicity of the heart and arteries, is often called for. The tonus of the cardiac muscle may be increased and yet the energy of the heart may not suffice to overcome certain obstacles or to perform the work required. Adonidin has given me unfailingly good results in those instances where it was imperative to assist such cardiac efforts. Hence the glucoside proved of decided value in a number of nephritic affections.

In rapidity of action adonidin almost equals nitroglycerin. In this respect it surpasses by far other heart remedies, as digitalis, digitalin, caffeine, sparteine sulphate, strophanthus, convallaria majalis and convallamarin.

In certainty of action adonidin equals nitroglycerine and surpasses by far caffeine, sparteine sulphate, convallamarin, strophanthus, and digitalis or its glucosides.

In permanency of action, although no cumulative effects were ever noted by the writer, adonidin surpasses nitroglycerin, caffeine, convallamarin, sparteine sulphate, digitalis, digitalin and digitoxin.

The diuretic action of adonidin in health in medicinal doses is limited, being about equal to that of digitalis. It does not act as a true diuretic, and apparently exerts very little influence upon the arterial pressure in the normal kidney. As a physiologic diuretic it is decidedly inferior to caffeine, strophanthus, convallamarin and sparteine sulphate.

The diuretic action of adonidin in certain affections of the kidney and in pyretic conditions is more pronounced, which is probably due to increased arterial tension in the renal circulation. Its greatest diuretic force is exhibited in conditions accompanied by dropsy and low arterial tension.

Body Heat.—The action of adonidin in therapeutic doses upon the body heat is twofold. In the healthy individual it causes a slight increase in temperature, but it tends to lower the body heat in pyretic conditions.

Tolerance.—There is no instance on record in which adonidin produced lethal effects in man. In a case of Durand (op. cit.), where 0.16 Gm. were given by mistake to a patient during a day, no injurious effects resulted. Huchard (op. cit.) mentions a case in which 0.005 Gm. of adonidin administered in pill form four times a day for three weeks was not well tolerated temporarily. Lueblinski (op. cit.) related some instances in which an overdose of adonidin provoked nausea, vomiting and diarrhea.

In all cases which came under the observation of the writer, adonidin administered in the form of powders, tablets, pills or solutions by the mouth or in that of suppositories by the rectum, or by hypodermic injection, was always well born. His purpose, however, was not to determine how much of the glucoside each patient would alleviate his condition.

The dose of the drug varies according to the object desired—0.002 Gm. administered twice or three times a day may often suffice to overcome lassitude and asthenic conditions; 0.005 Gm., taken three or four times a day, the dose most frequently employed by the writer, corrects arhythmia, subdues precardial pain, and when injected hypodermically often relieves cardiac dyspnea; 0.01 Gm., administered in any form, three, four or five times a day, influences the edematous condition and produces diuresis, especially in the cases characterized by low arterial tension.

So far as the present writer knows, he was the first to administer adonidin to the ill by the hypodermic method. The tablets which were prepared for him for this purpose were by no means perfect, and superficial irritation occasionally resulted from their use, at the point of insertion of the hypodermic needle. Undoubtedly this objectionable feature can be readily eradicated by pharmaceutic skill.

It is the writer's fond hope that this brief communication may tend to awaken an interest in a drug fully meriting recognition as a standard remedy; and he trusts that the day is not far distant when adonidin will share a place with morphine and strychnine in the physician's vest pocket.

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

### FRIGHT AN IMPORTANT AND DANGEROUS ELEMENT IN THE USE OF ANAESTHETICS.

One of the speakers in a highly instructive discussion, held by the New York County Medical Association, laid great stress on the element of fright and apprehension concerning the administration of the anaesthetic, and referred to a case occurring in the practice of a surgeon in New York city, in which death had occurred just before the administration of the anaesthetic had been begun. In this person the autopsy revealed all the vital organs in a normal state. Because of this fright before anaesthesia the speaker favored the administration of a moderate dose of morphine. The reason that chloroform was relatively safer in obstetric practice was that the woman looked upon parturition as a natural process and welcomed the anaesthetic as a relief from pain.

### PROTECTION AGAINST MALPRACTICE SUITS.

In London, England, there exists a "Medical Defense Union." Any regularly licensed physician can upon payment of a stipulated sum become a member and continue as such as long as he is ethical and keeps himself in good standing with the union. In return, if a trial of malpractice is commenced against him, the union defends him, unless it is absolutely proven that the physician was guilty of such gross ignorance and carelessness that there is no excuse for his conduct. Although large numbers of suits were commenced, every one of them was dropped by the pettifoggers when they received the intimation that the suit would be defended by the union. Not only does the union protect its members in this way, but gives to them the opportunity of obtaining advice on any legal questions affecting them professionally. Further, if its members have been libeled, it protects them in the same manner.

The Northwestern Lancet, in giving the account, urges the formation of such a league among American physicians and invites correspondence on the question. The idea does indeed seem useful. The majority of all malpractice suits is brought as the result of solicitation by a class of attorneys who are not of the highest standing in their own profession. A wholesome check would probably be placed upon this nefarious business if the shysters were met by a union able to employ the best legal counsel and to control to a considerable extent the medical testimony mitigating professional jealousies which are not infrequently potent factors in such cases. At no time is a physician safe from a malpractice suit. They involve considerable expense, which it seems would fall on the union. The matter deserves consideration.

### WAR ON TUBERCULOSIS.

The board of health of the city of Boston has commenced an undertaking of exceeding magnitude, a crusade for the extermination of tuberculosis. A plan of rigorous control and disinfection is to be tried against the disease which, formerly looked upon as hereditary, has been proven by modern medical science to be purely contagious. Hereafter every

physician in Boston must report every case of consumption that comes to his notice. After a death from the disease the premises will be disinfected by officers of the board of health and other means will be taken to guard against the spread of the malady in Boston. The results of this course of action will be awaited with interest by the medical profession in general. Few, if any, physicians differ from the theory acted upon by the authorities of Boston. A great difficulty will be encountered in the indifference and ignorance of the public. Only in rare cases do we at present succeed in having such simple rules as proper disposal of sputa carried out, regulations forbidding spitting in street- or railcars, streets and other public places are being ridiculed and constantly disregarded. When it comes to segregating or quarantining tubercular patients, so many families would be affected that vigorous opposition must be expected. A long course of popular instruction regarding the character of the disease and the vital importance of protective measures will be necessary, and physicians will be the teachers.

Is there any other set of men as unselfish as the members of our profession? We are always at work trying to enlighten people and forcing them to adopt measures which must result in lasting financial loss to ourselves. Tubercular disease banished or even materially lessened means the occupation of great numbers of physicians gone. Still we will continue this fight against tuberculosis and earn vituperation and condemnation from the enlightened public.

PUBLIC SCHOOLS AND HEALTH.

The Chicago school board, at the suggestion of some of its members who belong to the medical profession, has decided that applicants seeking admission to the city normal school shall undergo a medical examination, those to be excluded who are found to be suffering from pulmonary tuberculosis, marked physical deformity of any kind, pronounced neurasthenia or nervous exhaustion, irremediable defects in sight or hearing, such organic disorders or such structural or nutritional deficiencies as may prevent the proper care and control of the pupils.

While the general trend of this innovation is in the right direction, there is room for professional criticism. Take the items of neurasthenia and disorders of nutrition, The most experienced physicians will find it difficult to determine to which degree they may be present, how long they may continue and in how far they may disqualify one from the teacher's work. The measure is calculated to do some injustice, it inflicts a penalty for defects, some of which are clearly attributable to the schools themselves. How many young people, especially girls, graduate from our high schools who are not more or less neurasthenic and suffer from nutritional deficiencies, notably disorders of menstruation? There is far too great an intensity, too incessant a hurry, too constant a wear of the nervous system throughout the high school course and too frequent a breakdown of physical power as the result. If the trustees of the public schools of Chicago apply themselves to the task of bringing the scope and course of study into better harmony with the laws of health, they will find fewer physical wrecks among applicants to the normal school.

CHRISTIAN SCIENCE AND MEDICAL LAW.

Judge Neelen, of Milwaukee, holds that christian science as a religious belief is one thing, but as a system of healing another and that those who follow this practice of healing are subject to the laws regulating the practice of medicine. That is common sense; it is to be hoped that the supreme court will sustain the decision.

# The Wisconsin Medical Recorder.

*A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.*

**J. P. THORNE, M. D., Editor.**

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## AMERICAN MEDICAL ASSOCIATION.

The fifty-first annual meeting of the American Medical Association was held at Atlantic City, N. J., June 5, 6, 7 and 8, with an attendance of 2,000 physicians. The meetings of this society are always of interest, on account of the size of the society and scientific work presented. Dr. W. W. Keen, of Philadelphia, presided and used a gavel sent him by the profession of Canton, O., his native city. We abstract the following from the excellent report of the president's address in the Medical Record:

He commenced his remarks by congratulating the association on its great prosperity, as evidenced among, other things, by a membership of about nine thousand physicians. While this number was a large one, when one considered that there are over one hundred thousand regular physicians in the United States, it seemed strange and anomalous that the association should comprise less than one in ten.

Rush Monument Committee—With reference to the Rush monument fund, he said that as he had been called upon to fill the vacancy on the committee left by the resignation of Dr. Albert C. Gihon, he had appointed Dr. James C. Wilson, feeling that it was appropriate to select for this place one who was a physician rather than a surgeon, and who was also from Dr. Rush's native city. The committee had actually in hand a little over $11,000— a sum too large to go backward, and not enough to go forward. Probably several thousands of dollars were still in the hands of various state organizations, which had been pledged to this fund.

The Anti-Vivisection Bill—On the subject of anti-vivisection, the president said that he had been so deeply impressed with the tremendous harm that would be done if the anti-vivisection bill, or the senate bill No. 34, were allowed to pass, that he had deemed it his duty to send out letters to the president and secretary of every state medical society in the country, to prominent members in the profession and to a large number of other influential men, urging them to arouse a public sentiment against the bill. He was proud to be able to bear public testimony to the enthusiasm and unanimity with which the profession in every part of the country had responded. He believed this action had exerted an enduring influence on senators and representatives in establishing and confirming their judgment against the inhumanity of any such bill. A hearing had already been granted before the subcommittee in Washington to both the friends and opponents of the bill. Among the latter was a noble array of speakers, counting among them such names as Drs. William H. Welch, Henry P. Bowditch, H. A. Hare, William Osler, Mary Putnam Jacobi, Howard A. Kelly, Surgeon-General George M. Sternberg, together with Bishop Lawrence, of Massachusetts, and others. It was encouraging to note that this effort had not been in vain, the pres-

ent committee having so far changed its views that it was probable that the bill would slumber in committee or be reported negatively. One of the most telling and forceful of the communications in opposition to the bill was a letter addressed to the chairman of the committee on the District of Columbia by President Eliot, of Harvard College. It is worthy of note that President Eliot takes the ground that it is anti-vivisectionists who are inhuman and cruel to the last degree, because they would condemn both man and animals to suffering and death by impeding the progress of medical science.

Endowment of Medical Schools—The remainder of the address was taken up with a thoughtful and earnest review of the needs of our medical schools and the reasons why they should be liberally endowed. Dr. Keen said that the tide of charity in the United States had reached a remarkable height, amounting in 1899 to the enormous sum of nearly $80,000,000, yet only a small portion of this had been bestowed upon medical schools. In his opinion, the chief cause for this discrimination against the medical schools was to be found in the vicious method by which these schools were formerly conducted—i. e., practically as joint stock companies. But that day had happily passed. As a consequence of the broadening and lengthening of the medical course of study, the cost of medical education had enormously increased; yet it was not practicable to increase the student's fees, and the latter were entirely inadequate to meet modern demands. President Eliot, of Harvard, very rightfully says: "There is no branch of education which more needs endowment. Medical education is very expensive, because it has become, in the main, individual instruction." He was not one of those, however, who believed that the day of the didactic lecture had passed, for, in the language of President Faunce, of Brown University, "never shall we be able to do without the personality of the teacher, flaming with enthusiasm for knowledge, pressing up the heights himself and helping the student on."

Grants for Research—Dr. Keen, in closing his address, said that while the first object of the association should be to place itself on a strong financial basis, he hoped it would before long assume a rank second only to the British Medical Association, and that it would set a fruitful example by giving each year "scientific grants in aid of research." To a profession which gave so freely of its own life-blood, surely the public could reasonably afford to endow its schools; it would be returned to the community tenfold, and more devoted, self-sacrificing men and women they never could have.

Dr. W. L. Rodman, of Philadelphia, gave the address on surgery, Dr. V. C. Vaughan, of Ann Arbor, the address on state medicine, and Dr. J. A. Witherspoon, of Nashville, the address on medicine.

The following officers were elected:

President, Charles A. L. Reed, of Ohio; first vice-president, A. W. Calhoun, of Georgia; second vice-president, Col. Woodhull, of Maryland, U. S. navy; third vice-president, Philip Marvel, of New Jersey; fourth vice-president, W. E. Quine, of Illinois; treasurer, Henry P. Newman, of Illinois; secretary, Geo. H. Simmons, of Illinois; assistant secretary, Wm. Davis, of St. Paul; librarian, George Webster of Illinois.

The Address on Surgery—John A. Wyeth, of New York; the address on state medicine—John M. Kober, of District of Columbia; the address on medicine—N. S. Davis, Jr., of Illinois.

Next year the meeting will be held at St. Paul, Minn.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The H. M. Merrell Co. has an introductory offer this month worth taking advantage of. All the Merrill goods are reliable.

Dr. Truman W. Miller, the well known Chicago surgeon, died at his home June 1, the result of influenza, aged 60 years. He was professor of surgery at the Chicago policlinic and was surgeon to several hospitals.

Tinnitus aurium can sometimes be relieved by administering bromidia for a time. It is a most annoying condition, which the best of local treatment many times fails to relieve. In such cases it is well to try bromidia, which will help some but not all.

Dr. E. O. Shakespeare, of Philadelphia, died June 1, of angina pectoris, aged 54 years. He was an authority on cholera and military hygiene. President Cleveland commissioned him in 1885 to investigate cholera in India, and the publication of his voluminous report was an invaluable contribution to the subject.

Bismuth subnitrate, subgallate, and salicylate are administered extensively at this time of the year for vomiting and diarrhea. The insolubility of these bismuth salts is objectionable and makes it necessary to give them in powdered form. Powders of any kind are difficult for anyone troubled with nausea to take and they often bring on an attack of vomiting. Bisol, bismuthum phosphoricium, has the advantage of being very soluble and thus can be administered in solution or in combination with other remedies. Bisol contains 20 per cent. of bismuth oxide in addition to phosphoric acid and soda. It has some germicidal action, which adds to its value. What we know of bisol shows it to be a useful drug and in many cases much superior to the other bismuth preparations.

A physician who has been experimenting to discover if possible a relation between headaches and the retention of uric acid, found experimentally that he could produce a headache in himself by adopting a diet of meat and cheese—foods which are highly nitrogenous and which in their burning up, produce a great deal of uric acid. He found in himself an excessive excretion of uric acid during a headache, which perhaps means that a headache is a sign of nature's effort to relieve the system of a poison that would do worse than produce headaches were it permitted to remain. Such a headachy condition is comparable to the fevers which the human system often establishes for the purpose of ridding itself of disturbing impurities. and can best be overcome by the timely administration of laxative antikamnia and quinine tablets.

Dr. James T. Whittaker, of Cincinnati, died June 5, of cancer of the intestine. He graduated in medicine in 1866 and has been in practice since. He was professor of practice in the Ohio Medical College.

Chicago's diploma mill has at last been closed in a manner which promises to be lasting. The same concern has been selling diplomas for years under various names, as the Independent Medical College, the Metropolitan Medical College, etc. Several times the state board of health has brought action and the charter of the concern has been forfeited, but a new charter was promptly taken out under a new name and they continued to do business, selling ten to twelve diplomas a day. Recently the postoffice department arrested the "professors" of the "college" for fraudulent use of the mails. If they are permanently shut off from the use of the mails their business will end.

Antikamnia and quinine laxative tablets are an efficient remedy for breaking up "colds." This is a trouble for which there is so frequent call for a reliable remedy that it is very satisfactory to have something reliable ready.

Dr. S. C. Fowler, Smithland, Ia., writer: When I received a sample box of eumetra, I had just been called in consultation in a case, and as the patient was and had been suffering a great deal, I was by request asked to take charge of the case. On examination I found fibrinous masses being ejected from the vagina, resembling the size and shape of the endometrium. She also complained of soreness of the right ovary, being so tender that she could hardly bear to be touched. Concluding that this would be a good case to try eumetra, I commenced the next day. Now she has just passed her second menstrual period and she says all soreness has left the right side and she has passed the easiest period she has done for two years, so I am free to admit in a practice of 39 years I have never found anything in the many new remedies that are coming into vogue that pleased me so well as eumetra.

Dr. L. L. Gray, St. John, Mo., reports the outlines of a case of enuresis nocturna, trested with sanmetto, several years ago. The case was that of a maid, 13 years of age, who had suffered with enuresis from infancy. She was old enough to realize her condition and keenly felt its effects. She acted as though everyone she met knew her troubles, and consequently she was shy, unsociable, ashamed to be seen in company, and strangers would ask if she were entirely sane. He gave her a bottle of sanmetto, told her mother to give her all the assurance that it would cure her if properly taken. A second 4-ounce prescription verified the truth of his statement. He says it did cure her for all time, and today she is a perfectly formed young lady, intelligent and sociable, the downcast countenance gone and life is again worth living.

Dr. J. M. True, Oskaloosa, Ia., reports as follows: I have just scored a great victory with the W-A intestinal antiseptics. A lady 60 years old, who for five years has been a great sufferer and has been treated for heart trouble, lung trouble, cancer of the stomach, etc., etc., ad infinitum. She sent for me some six weeks ago and I examined her case, eliminating as I went, till I decided it was an old chronic catarrhal condition of the stomach in a specially aggravated state. She had severe dyspepsia, headache, one of the worst, dry, unsatisfactory coughs I ever saw, severe pain in the stomach, and what she thought was bronchial "rattles," but which was gas in stomach and oesophagus. Well, I tried a fly-blister over stomach, gave her silver nitrate pills

and put the stomach just as near at rest as possible—warm water and dry toast by the mouth and egg emulsion by the rectum—but we got little benefit until I gave two tablets of the W-A intestinal antiseptic pulverized and dissolved in half a cup of hot water.

Improvement was manifest from the first dose. I continued to give two tablets morning and evening for some ten days and then I gave one tablet three times a day before meals. My patient came back to health and is most highly pleased with those wonderful tablets. I have a specific in these same tablets for about three-fourths of all the cases of bad breath that come to me. These W-A intestinal antiseptics with saline laxative and the many pleasantly effective remedies the Abbott Alkaloidal Company is now preparing, such as the dosimetric triad, strychnine arsenate, etc., etc., are rendering the practice of medicine pleasant and the cure of our patients speedy and sure.

The season of the year approaches again when the gastro-intestinal troubles of children will tax all the skill of the physician. In our opinion the sulpho-carbolates stand at the head of the useful remedies in these diseases. Abbott's zinc and codeine compound is a most valuable preparation, as ample clinical trial has demonstrated. The following on the treatment of fermental diarrhea by Dr. Gilman P. Robinson, Atlanta, in the Atlanta Journal-Record of Medicine, will interest Recorder readers:

The first indication is to remove the cause, viz., the bacteria causing the trouble and their toxic products. Caster oil is I think usually the most satisfactory when there is no vomiting, though calomel is always applicable in all cases, especially when there is vomiting. If the vomiting is severe and continues, it is well to wash out the stomach. This is a simple matter in infants, using a soft rubber catheter, cutting off the tips and rounding the edges by heat. A normal salt solution or solution of borax or bicarbonate of soda are better than simple sterile water. If there is intense thirst, it is well to leave a few ounces in the stomach.

It is generally well to wash out the colon. This is done by using a rather large soft rubber catheter and attaching it to a fountain syringe not more that three feet above the patient. This catheter should be introduced high up into the bowel and several quarts of sterile water, or better sterile water with one drachm of borax to the pint, allowed to run in and out. Tepid water is preferable. The value of washing both ends of the alimentary tract can hardly be overestimated.

Unfortunately, however, lavage of the alimentary tract does not rid it entirely of bacteria. Enough remains if the conditions for their multiplication are favorable to keep up or cause a reinfection. A condition most favorable for their reproduction is some product in the intestine which is a suitable culture medium. This medium enters the intestine through the mouth; therefore our next indication for treatment is not to supply any such medium. For this reasom it is best to stop all food for 24 hours. The praises for barley water, so often heard, are undoubtedly due to the fact that it contains little besides water, so that its use practically amounts to starvation.

Again, unfortunately for us, starvation does not diminish the number of bacteria to a point where they can do no harm, and besides the child demands nourishment. It must be given the least harmful form of food, or the form least liable to act as a culture medium. The odor of the stools as being characteristic of acid fermentation or albuminoid decomposition

would seem to be some indication. Unfortunately, however, with the exception of the sour stools, this distinction is seldom possible. Here an albuminoid diet with an almost complete elimination of sugar certainly gives satisfactory clinical results. Ordinarily, however, the process seems to be a more complex one, and the selection of the food must be done on general principles.

Foods that are digested high up in the alimentary tract seem the most suitable. Personally I have found egg albumen and Fairchild's panopepton very useful. Another food I like very much, though I have never seen it advocated, is okra given in the form of a carefully strained soup. There seems to be a general opinion that as in the milk the bacteria are introduced into the system, it makes a good culture medium, and hence milk should not be used as a food. The ordinary custom seems to be to give some form of starchy food. I cannot see why if a starchy food is unsuitable for a well baby, it should be any less bad for a sick one. After the preliminary starvation I have always had good results in feeding a weak modified mixture of absolutely fresh milk. It is without doubt due to the dilution and freshness of the milk that the favorable clinical results are obtained. The mixture should be prepared from an absolutely fresh milk and should be low in all its percentages, highly alkaline and pasteurized or sterilized. Experience will teach what percentages to give in each individual case. It is better to give small feedings often than large ones at long intervals. As the patient improves, the percentages may be gradually increased, together or singly, and the intervals lengthened until the proportions and intervals are such as are given to a normal infant of that age.

One of the ways of removing the cause is to destroy the cause, but unfortunately in these cases the destruction of the cause involves the destruction of the patient. Germicidal drugs sufficiently strong to be efficacious cannot be used with safety. Drugs, however, which limit the activity of the organisms can be used to advantage. After a considerable and varied trial of many of the antiseptic drugs, and many of the newer so-called intestinal antiseptic drugs, I have given up all except bismuth. I would say here, that this also is the general consensus of opinion of all those who have much to do with children. Bismuth is best given as the subgallate or subnitrate. Either, however, to be effectual must be given in large doses, not less than from one to two drachms in 24 hours. It is best given as a powder or in suspension in water or milk. The sulphocarbolate of zinc in doses of one-sixth to one-fourth of a grain seems to help the formation of gas and to improve the odor. Stimulation is necessary under the same conditions as are met with in other diseases. Certain conditions due to toxic absorption may require special treatment. Excessive vomiting is best treated by washing the stomaeh, fever by baths, extreme restlessness usually yields to warm sponge baths or the bromides. In prostration and collapse stimulants are to be given along the usual lines. Brandy and strychnine are the most useful, and as quick action is often necessary they are better given under the skin.

At a recent meeting of the Memphis Medical Society, William Krauss, Ph. G., M. D., read a paper, from which the following is taken: At a recent joint meeting of physicians and pharmacists, I was criticised for opposing the use of ready-made compounds, while still advocating the use of peptomangan "Gude," which is a proprietary preparation. I hesitated considerably

about bringing the matter up again, because I dislike to build up a reputation as an indorser, and have never in any other instance written an article, indorsing a proprietary preparation. I hope, however, to show you that there is no pharmacopoeial preparation that meets the requirements of an ideal iron compound, and until this is found, I intend to continue to use what has never disappointed me, and is not based upon mere faith. The work of Bunge is too well known to be now quoted, and I will only make a few experiments before you and show you the reasons for the faith that is in me. There may be other proprietary iron compounds, and doubtless there are, that will come up to the same requirements, but I see no advantage in swapping the devil for a switch. An ingenious theory recently put forward regarding the action of mineral salts of iron is, that they decompose the substances in the intestinal tract, which precipitate the food iron so that it may be absorbed. This is the only rational explanation of the fact that we do occasionally get good results from them. On the other hand, it is far more rational to use an iron compound that can be, and is absorbed, for then we are reckoning with known quantities, instead of blundering along, giving more iron at a dose than is contained in the entire body, and incidentally deranging the digestive functions by precipitating the gastric, pancreatic and intestinal juices and producing constipation by reason of the very astringent nature of some of the iron salts. Beginning with the organic double salts, of which the scale salts are representatives, we notice upon the addition of this gastric juice that a precipitate is formed; the double salt is decomposed and ferric salt remains, which is insoluble, both in gastric and intestinal juice. The tincture of ferric chlorid will precipitate some of the gastric constituents, though most of the iron will remain in solution in the hydrochloric acid; the iron still in solution will not be absorbed, because its non-diffusibility is taken advantage of in the manufacture of dialised iron, the acid passing through the animal membrane; when the iron finally reaches the intestine, the alkalin carbonates promptly precipitate it. Ferrous sulfate behaves similarly. In both instances, as you see, the very insoluble ferric oxid is finally formed. If you have ever tried to remove iron stains from your water pitcher, you have some idea how insoluble it is. The insoluble compounds, like reduced iron or Vallet's mass, only serve to render inert the arsenic with which they are usually prescribed; if dissolved at all in the stomach, they are reprecipitated in the intestine. Taking now Gude's preparation, we find it soluble, not only in all these reagents, but also in a mixture of them. Potassium ferrocyanid readily gives the iron reaction, excess of ammonia will separate it, redissolving the. manganese, which is then recognized by the color of its sulfid; the alkalin copper solution gives the reaction for pepton, showing that it is what the label says. It mixes with arsenious acid, forming a perfect solution, thus giving us a most useful hematopoietic agent. The soluble alkaloids are perfectly soluble in it, as is also mercuric chlorid. Being a pepton, it is readily diffusible by osmosis. The only disturbing agent in the intestinal tract is hydrogen sulfid; this will precipitate, but presumably much of the iron must have been absorbed before it encounters this gas; if not, appropriate agents should be used for its elimination. Therapeutically, it does not nauseate, constipate, discolor the teeth, precipitate the digestive agents nor become inert from contact with them. As to the clinical results, I need not add anything to the many reports already on record.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

### SMALL POX.

I think that your interrogator, of Elizabeth, Ark., in re "No small pox within the United States, during the past 20 years," is in a fair way to success in the practice of medicine, for he appears indeed genuinely anxious to learn, and I would say with the great Confucius, that: "He, who from day to day, recognizes what he has not yet and from month to month does not forget what he has attained to, may be said indeed to love to learn."

I think this will probably express Dr. Nibblett's mental status and I sincerely congratulate him and his patients; and in attempting to answer his query, would do so with a spoon, so to speak, consequently inclose the "spoon" or photograph of a physician of Lamar county, Tex., who in '96, believing his cases of variola to be varicella, took no personal precautions and subsequently become one of the very worst of the 38 cases of genuine small pox, we of Lamar county, Tex., at that time combatted with.

I would respectfully suggest to Dr. Niblett that if he will put himself into communication with either Dr, Cross, at Sylvan, Tex., or Dr. Ben F. McCuistion (the then county physician of Lamar county) at Paris, Tex., he will be most graciously and courteously answered any questions put in re small pox, of the old-fashioned order. I would just like to add before closing that I sincerely believe that Dr. Nibblett is bound to come to the front, and that this is not the last we will hear from such as he, for I believe with Yriarte that:

Thus every man of real learning
Is anxious to increase his store:
And feels, in fact, a greater yearning
The more he knows, to know the more.

R. B. LEACH. M. D.,
"The Man from Texas,"
St. Paul, Minn., 30 Germania Bank Building.

## A NEW STATEMENT.

I use an original form of physician's statement, which may benefit the brethren if published in the Recorder. I have the explanation printed on the back of my statements and have found them good collectors. Patients never take exceptions to them as they often do the ordinary statements.

EXPLANATION.

This statement is not intended for a "dun," but is sent to you in order that you may know how your account stands on my books. It is not necessarily a demand for its immediate payment, but should remind you that preparation should be made for its payment as soon as possible.

If you are unable to pay your account or any part of it within a reasonable time after it is made, your physician will feel better if you give him a satisfactory reason for its nonpayment and some idea as to when he may expect its liquidation. If you allow your account to run for a long time unpaid, you are apt to forget the value of the service rendered when it was made and the harder it becomes to pay the bill.

No one appreciates gratitude more than a physician, but gratitude will not buy his bread and butter and other necessaries of life.

Good business methods demand that a physician collect his accounts as soon as possible after they are made, and you are as much under obligations to pay his accounts as those of your grocer or butcher. If you are unable to pay inside of six months, you should call and give your note.

Your account may be small, but several hundred such accounts amount to enough to keep a physician always poor if he fails to collect them.

If it is small you are requested to pay it as soon as possible. If it is large make an effort to pay a part of it every month.

If your acconnt has run for a year or so and you have never said anything about pay, your doctor will not feel very much elated when you call him out of bed on a cold night, and I assure you he could move with much greater alacrity if he knew the pay was immediately forthcoming.

H. O. Wells, M. D.,
Andrews, Ind.

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Some little talk on a statement similar to Dr. Wells' often brings in the money quicker and does not cause offense. This reminds us of the following, which a business friend of ours uses on his statements:

"We send this statement for comparison. If not correct, please let us know. We carry many accounts besides yours, and the total runs into thousands. We are always short and can use all we can get, and you will confer a favor if you will remember us when you have a surplus."

## PLAIN TRUTH ABOUT PROPRIETARY REMEDIES.

No one should permit himself to be influenced in his opinion of proprietary remedies by the mere assertions of advertisements. These may be true enough, but they do not constitute in the eyes of the physician or the independent and impartial investigator, the sort of evidence which convinces. It might be otherwise were all proprietary remedies all they are claimed to be. Unfortunately, however, we have to deal with a condition that exists and not with a theory as to what might be. The multiplication of unreliable nostrums offered for every complaint under the sun increases the difficulty of separating the good from the bad, not because there is any possibility of mistaking the true charac-

ter of either, but simply on account of the vast numbers that call for investigation. As we have become a nation to a great extent of self-prescribers, there is all the more reason why proprietary remedies should undergo the strictest supervision and the severest scrutiny at the hands of the hygienic press.

Beneficent results secured from those remedies popularly known as proprietary are on record in every land today, yet when we compare the number of these with that of the failures to obtain any relief, we begin to grow skeptical. Place faith only in such preparations as Dr. Towns' epilepsy cure, offered by Dr. W. Towns, Fond du Lac, Wis., as a cure for epilepsy or fits, convulsions and all similar nervous affections. The commendation here bestowed upon this true and tried specific is given gratuitously, and on account of the satisfactory showing it has made when under our editorial investigation. We are writing now in consequence of the receipt of a special report, prepared at our own request by physicians and other trustworthy persons connected with the Journal of Health. The merit of Dr. Towns' epilepsy cure was searchingly investigated, and indisputably proved, and most cheerfully do we acknowledge the same.

Those who place faith in this remedy will not go astray. Investigation of the personal testimonials to its worth as a positive cure indicates that these are perfectly reliable. They were given only after physicians and sufferers had tested the curative powers of Dr. Towns' epilepsy cure and found them not wanting. The facts warrant our indorsement, for not only have we discovered that in a surprisingly large number of cases the cure was remarkably rapid, but the long list of patients cured by this remedy includes very many persons belonging to the best and most educated classes of the community. Such people do not give testimonials at random, which fact indeed would have counted for much in our opinion even had we not conducted our close investigation into the whole matter. Moreover, we know that Dr. Towns' epilepsy cure has demonstrated its worth where others—among them the best known—remedies had singularly shown their impotence to cure. Upon all the facts, amply proven, we therefore base our present indorsement.

S. J. Allen, M. D.,
Editor American Journal of Health,
156 Fifth Avenue, New York City.

## ECZEMA.

Through experience extending over twenty-five years in the field of practical medicine, I have come to the conclusion that very few physicians can successfully handle an ordinary case of eczema. The main trouble, I believe, is that most preparations used to cure that troublesome disease are not readily absorbed, even if said preparations contain the proper ingredients. Many physicians attribute their failure to the fact that in many instances the blood of the patient is deeply involved, and that therefore internal remedies are in order. This is only true to some extent, as it has been demonstrated that medicines administered by rubbing into the skin act directly upon the blood. This process has the advantage of obtaining the desired result without upsetting the stomach of the patient. This is particularly true of children and delicate women. In scrofonol I have found an effective preparation which acts promptly, giving relief from the start. It is in the shape of ointment, scientifically compounded, and the effect on the skin is obtained in a comparatively short space of time.

Dr. M. E. Chartier,
Paris, France.

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## LEADING ORIGINAL ARTICLES.

### CLINICAL LECTURE.

#### TWO CASES OF NASAL STENOSIS.

By O. F. Baerens, M. D., Commercial Building, St. Louis, Mo.

Professor of Diseases of the Nose, Throat and Ear, St. Louis College of Physicians and Surgeons; Laryngologist to Jefferson Hospital.

Gentlemen: It is your privilege to see this morning several interesting cases. From the mother I have this history: Her son, whose age is seven, has always been a mouth breather. This means from his birth up to now. As a suckling babe it was difficult for him to "nurse," owing to the difficulty in breathing while so engaged. She consulted quite a few practitioners, obtaining many opinions, all differing. You will notice the facial expression. It possesses all the characteristics of the so-called adenoid face, with which you are familiar. Frontal headache is complained of, likewise a slight impairment of the hearing power. There is no aprosexia, and the mother has never noticed any of the reflex nervous disturbances which so often attend in the presence of adenoids.

The patient is unable to force any air whatever through his nose. There is no discharge. Tilting back his head you notice the smallness of the nostrils. Examination by reflected light shows a perfect symmetry of the intranasal structures. There is no deflection of the septum. The turbinals are paler than those usually observed in normal noses. There seems to be a lessened sensibility of the parts. Passing the probe along the floor of the nose, an obstruction is met with on both sides, preventing entrance to the nasopharynx. Introducing the finger up behind the velum, a smooth, hard plate, which I take to be bone, is felt which entirely occludes the posterior nares. I make a diagnosis of congenital bony atresia of the posterior nares.

The treatment of this case is entirely surgical. An opening is made by means of a nasal burr or trephine, operated by a motor or foot power dental engine. This opening should be made as large as possible and kept open by bougies until healing has taken place.

Cases of this kind are rare. I believe only twenty odd cases have been reported up to date.

Case II. This young man, whose age is sixteen and whose occupation is that of a clerk, applies for relief of his catarrh. He is a mouth-breather

and has been as long as he can remember. You will notice the hang-jaw and the puffiness of the skin over the nasal bones. His nostrils are very small, and as he opens his mouth the highly arched V-shaped palate is plainly seen. Anterior rhinoscopy reveals a deflected septum and numerous bands of fibrous tissue extending from the septum to the turbinates. These connecting bands are known as synechia. On the right side several of these feel like bone. There is no history of trauma and owing to the fact that he has suffered from nasal stenosis since early youth, they are probably congenital. The nasal chambers are nearly filled with crusts, which are very annoying, as they cause tickling and increase the stenosis. He has been treated for catarrh, the treatment consisting of sprays and ointments applied to the nares, and which gave him some little relief, as they served to cleanse the parts of the accumulations. He complains of headache and pain in the eyes. The diagnosis is nasal stenosis, due to synechiae, with deflection of the cartilaginous septum.

The treatment consists in severing the bands which connect the turbinals and septum and the straightening of the latter. Some of the synechiae can be severed by the scisssors and the bony ones are removed by the fine saw. Cocain anaesthesia is all that is needed to make the operation painless. Care must be exercised in the after treatment. The recurrence of synechia is avoided by interposing rubber tissue between the septum and turbinals. The nose must be kept clean by mild alkaline sprays. If granulations form they must be destroyed by either chromic or trichloracetic acid or the chloride of zinc. Care must be exercised in using any of these powerful agents, as extensive ulcerations frequently follow careless application thereof.

These two cases illustrate that all cases of mouth-breathing are not due to adenoids, and that a careful examination, both anterior and posterior, should precede every diagnosis.

## PROGNOSIS.

By M. C. Martin, M. D., Paxton, Nebraska.

The foretelling of the ending of a disease at the commencement is one of the severest and best tests of a physician's or surgeon's ability. Woe unto a physician who says a case will recover and death claims the patient, unless the physician is a good dodger or is an adept at excuses, his reputation for knowledge is badly damaged or destroyed.

There is nothing about which a physician needs more knowledge or more caution than in giving his prognosis, for he will surely be asked: "Well, doctor, what do you think of the patient, and do you think he will recover?" Now is the chance to make a reputation, or get discharged. Here is where the wisest of us sometimes wish we had some one to give us a pointer. There are many times that we cannot positively say yes or no to the question, "Will the patient recover?" Sometimes we can give a provisional prognosis, that if no complication sets in the patient will recover.

We are expected to give an opinion on the outcome, and if we cannot, we stand a good chance of being replaced by a man who knows something about a case and can give an opinion and a reason for the same. Many an inferior physician who has the cheek to put his best foot forward and inspire confidence which he does not feel, holds cases and is fortunate enough to pull through, and gets the confidence of the public, while a careful and conscientious physician fails. I have

failed more in the first years of my practice by being too timid, and being afraid to give a favorable prognosis when I thought the disease would terminate favorably.

It is the physician's prerogative to be hopeful and to look on the bright side; as his faith is, so be it with him. How many patients have been saved by a physician who had faith, who showed his faith by his work and never gave up, hoping for the best. The giving of an unfavorable prognosis may be the means of causing a patient's death, so that we are never warranted in giving an unfavorable prognosis, unless we are absolutely sure there is no hope for the patient whatever. Some doctors are regular calamity howlers, always having patients at death's door; and finally, by an almost superhuman skill, restoring them to life. This kind of physicians need treating worse than their patients sometimes.

Let a physician beware of discouraging patients and their friends. He should come into the sick room like a ray of sunshine and see that he puts hope in the despairing hearts, remembering that a merry heart doeth good like a medicine. Courage is a great quality for a physician to possess, and without it he will never make a very successful practitioner of medicine. A physician's appearance in the sick room may undo his ends by having a timid and apprehensive appearance. The friends will conclude there is no hope of the physician curing the case, and thereupon discharge him and employ another. In the sick room the physician should walk erect, be perfectly cool and self-possessed, preserve a cheerful demeanor, and fight the case to the death if necessary; no surrender, no giving up till the patient breathes his last.

The art of inspiring eonfidence in friends and holding a case till the medicine and general treatment has a decided, beneficial effect that is apparent to all, comes very near deciding whether a physician will make a success or a failure in medical practice. There are many things that we can tell the friends of our patients when in the hours of trial, that will inspire confidence and give us time to put them on the high road to health. When I am treating a very severe case of typhoid fever, I remind them of the fact that I have never lost a case of that fever, which puts much confidence in the patient's friends. Other times we can tell the friends that the latest treatment which we are using is very successful and that we have great confidence in it.

We never want to forget that the friends of the patient sometimes need treatment about as much as the patients themselves. They need nervines and hypnotics to keep them quiet. Let the physician dispense cheerfulness, courage, hope, and his appearance will be welcomed, his counsel sought, his prescriptions valuable, his patients will recover and be walking advertisements for him. I have seen physicians whose presence in the sick room I believe did the patients more good than their medicine.

I had a severe case of injury of an old lady, about 75 years of age, thrown out of a wagon. I expected when called to find her dead or dying. When she recovered consciousness, I was taken to task for joking her, and it did seem like joking in the face of death, but it put confidence enough in her to cause her to make a good recovery, when it looked like laughing at a funeral. Had I given her up, she would have died shortly in all probability. I am something like a doctor out here in this country who said he buried his own cases.

We should never give a positive opinion either way unless we are positive; but we can say today, "The case

is looking well, improving," or that symptom is better, or we believe they will be better tomorrow. In very severe cases where the outlook for ultimate recovery is dark, we can say no immediate danger. While there is life there is hope, and in the worst of cases we can say we hope for the best, we hope for an ultimate recovery, and then later on in the case if we see no chance for the patient we can inform friends that the chances are only fifty, ten or one chances in a hundred as we think right.

The following treatment for surgical shock has changed my prognosis from zero to one hundred per cent. in a number of cases. Hot flats to feet and around the body, hot coffee and freely, a good strong word of encouragemet and the following prescription.

℞ Digitalin gr. 1–67 No. XX.
Strych. Arseniate gr. 1–30 No. XXX.
Nuclein Tab. (Aulde) No. LX.
Atropin Sulph gr. 1–250 No. XXV.
Syrup Tolu ℥ IV.

M. et. Sig. Teaspoonful repeated in an hour or two as necessary.

This treatment rallied a man who had been out all night, frozen his hands and feet, been run over by the cars one foot crushed and the big toe cut partly off from the other one, so that in a few hours he could have one foot amputated at the tarso-metatarsal joint, and the great toe of the other foot amputated and recover.

## THERAPEUTIC SUGGESTIONS.

By E. C. Rothrock, M. D., Tennessee Colony, Texas.

Seventh Paper.

### BERBERIS VULGARIS.

Berberis vulgaris, barberry, is an erect, deciduous shrub, three to eight feet high, with long bending branches dotted with triple spines, leaves obovate-oval, one to two and a half inches long; flowers many, on slender and pendulous racemes, color yellow, small and succeeded by loose branches of bright red berries of oblong form, of a pleasant acidulous taste. The bark and berries are used. It is found in states from Canada to Virginia; grows on the hills among rocks; flowers in April and May and ripens it fruit in June.

Its active principle is berberine an alkaloid. Its properties are tonic, laxative, cholagogue, alterative, antiperiodic and astringent. Berberis aquifolium, Oregon grape, has properties similar. The active principle, berberine an alkaloid, is contained in hydrastis and other remedies.

Berberis is cathartic in large doses, producing watery discharges with abdominal pain. It is of use in typhoid and malarial fevers, in diarrhoea and in dyspepsia it is very efficient. In uric acid diathesis with tendency to calculi formation it is of great benefit in dissolving calculi and eliminating the poison. In strumous and syphilitic troubles fluid extract berberis thirty drops every four hours acts well as a tonic alterative.

As a local application in conjunctivitis, it is very useful and curative. Hydrochlorate berberine is an efficient application to the urethral mucous membrane in gleet, and gonorrhoea; its antiseptic and astringent properties are well observed in all such cases. A wash or gargle of the bark or berries in aphthous, sore mouth is of great benefit and will often cure.

In eczema of the ears, berberis vulgaris, or berberis aquifolium, fluid extract twenty to thirty drops three times a day will act promptly and is of benefit as a wash also. Fowler's solution, two drops alternated will aid in the cure. Fluid extract dulcamara twenty-five to thirty drops is another good remedy alternated with berberis. Sulphide calcium two to four grains

acts well as does tincture sulphur, ten drops and could alternate with each other. Rhus toxicodendron, fluid extract or tincture, will often act like a charm in skin diseases where there is much redness or inflammation, alternated with berberis twenty drops every four hours, this will be found very useful and will do good service. Bland oils are very useful in most such cases. Starch and oxide zinc equal parts, boracic acid, saturated solution or dusted on the parts, sulphate zinc two grains in one ounce rose water are useful. A nice dusting powder that I use and find quite healing is:

℞ Boracic acid.
Zinc Oxide aa ʒ i.
Acetanilid ʒ ii.
Starch ʒ i.
M.

In acne, the indurated form with red burning areola, berberis is effectual, so is rhus tox. We find that thuja occidentalis is specific, oil one to five drops three times a day or fluid extract ten drops, in icthyosis. We have found thuja occidentalis tincture one to two drops three or four times a day, very useful. If in icthyosis, the skin looks dark, dirty gray, and of a cadaverous type, we find that the thuja occidentalis will be of great service. In impetigo contagiosa, berberis is very beneficial; alternated with berberis, thuja occidentalis will help the curative process.

In acut yellow atrophy of liver, for jaundice which is always present, berberis thirty drops alternated with chionanthus virginica thirty drops fluid extract will act promptly; there is no remedy to equal these two in this condition. Aconite one drop every hour or two for the fever or bryonia alb. five drops every three hours is good treatment. If head-ache, dizziness, belladonna two drops is needed every three hours until the brain is relieved. If nausea or vomiting is present ipecac one drop every twenty or thirty minutes will relieve this or tincture nux vomica two drops, water two ounces, teaspoonful every ten or fifteen minutes. Arsenite of copper 1–500 gr. dissolved in four ounces water, is very good, one teaspoonful as indicated every ten minutes. In cholecystitis, gall stones, berberis will do good work in ten drop doses every one or two hours.

In rheumatism, lumbago, torticollis, myalgia, cervicularis, "crick of neck" berberis vulgaris thirty drops every three hours is curative; alternated with cimicifuga fluid extract four times a day it will act like a charm. In irritable bladder berberis thirty drops will frequently relieve, given three times a day. Rhus tox. two drops is also a good remedy alternated with berberis. In rheumatism with ammoniacal smelling urine, berberis acts well, so does benzoic acid three to five grains three times a day; benzoate ammonia, is also good in this condition. In pancreatitis, berberis vulgaris or berberis aquifolium, fluid extract twenty drops three or four times a day will be of great service; alternated with chionanthus twenty drops will aid very much. Chionanthus has a selective affinity for the liver and acts on the pancreas the same.

Berberis will relieve ozoena and most catarrhs and when the antrum of Highmore is implicated, berberis vulgaris twenty to thirty drops every three hours will relieve every time. If the nasal bones are sore to touch and there is a fetid discharge from the nose then berberis will do good.

In secondary and tertiary syphilis berberis thirty drops three times a day will cure if continued. Its tonic alterative virtue is well marked in all diseases of this kind. Its cataleptic properties with tonic alterative action make it one of the best remedies we can use in syphilis. In renal colic, berberis vulgaris fifteen to twenty drops of tincture or fluid extract every

hour will give relief promptly. In bilious colic it is also good. Tincture dioscorea villosa in ten drop doses every ten or fifteen minutes is specific for bilious colic and will relieve every time. Dioscorea is the wild yam and is a good remedy in cholera morbus and gastralgia.

### IRIS VERSICOLOR.

Iris versicolor or blue flag, is an indigenous plant with a fleshy horizontal fibrous root; the leaves are a foot long, one-half to one inch wide, flowers are blue two to six in number. It is found in all parts of the United States growing in low, wet places, meadows and swamps. It flowers in June and the flowers afford a blue infusion and are a test of acids and alkalies. The root has a peculiar odor, nauseous taste, and to the fauces a sense of heat and acrimony. It resembles the root of acorus calamus, sweet flag. Its medical virtues are imparted to alcohol and ether. It contains mucilage, oil and resin. The diuretic qualities are contained in the oil which possesses the taste and smell of the root. The oleo-resin is obtained for medical purposes, also the active principal iridin.

Iris versicolor is a valuable remedy as it is cathartic, alterative, sialagogue, vermifuge and diuretic. In dropsy it is very efficient in doses twenty drops specific tincture every three hours, or iridin one to three grains every four hours, but the tincture given in plenty of water will have better effects in such troubles. Combined or alternated with jaborandi or eryngium yuccefolium, corn snake, digitalis, will be of advantage. In anasarca and hydrothorax, ascites, iris tincture thirty drops every three hours, until its hydragogue effect is obtained will be found effectual, continued and alternated with euphorbia, ipecacuanha ten to twenty drops of the tincture. Iris versicolor has an elective affinity for the glandular system; its influence is exerted through the entire system but it is more pronounced on the glandular organs. In large doses it acts on the liver and evacuates the entire alimentary canal. Pipsissawa is a good remedy in dropsy, so is actionomeris helianthoides, eupatorium pur., polytrichium juniperus. These are the very active diuretics of the vegetable kingdom. First one, then the other should be used to remove the superabundant serum from the cavity and when accomplished, ferruginate the blood, restore lost balance, secretion and excretion, endosmosis and exosmosis.

In scrofula and syphilis, primary and secondary, we have frequently used iris with marked success; it is efficient used alone, or in alternation with phytolacca, chloride of gold, black cohosh, mandrake and xanthoxylin. Iris versicolor frequently salivates without injury to teeth or gums. The addition of capsicum or ginger will mitigate its harshness of action. Iris versicolor has good effects in hepatitis and constipation, one grain of iridin every four hours will relieve promptly. In renal troubles iridin one to two grains acts well given every three hours. In cystitis, iris versicolor is very useful; if phosphatic deposit ten drops saturated tincture every four hours; if from direct pressure as enlarged uterus or general pelvic congestion, then iris versicolor tincture ten drops three times a day. Also at the same time:

℞ Acid benzoic ʒ ii.
Soda biborate ʒ iii.
Aqua cinnamon ℥ iv.

M. et. S. Two teaspoonfuls every two or three hours.

Iris versicolor tincture two to four drops every three hours will often relieve dyspepsia, if nausea, vomiting, yellow urine, watery stools, pain in rectum. If lassitude, constipation headache, wind in bowels, slimy tongue,

pyrosis, pain in epigastric region, hydrastis canadensis five to ten drops should alternate the iris. If pain in the side, tongue white pasty, narrow, pain in stomach then specific tincture chelidonium ten drops or euonymus atropurpureus twenty drops should alternate and is sure and prompt to act on secretory organs. If enteralgia, colic, flatulency, iris versicolor, tincture one to two drops every hour or two or robina two drops will meet this. If pain in rectum, colocynth one drop every two hours will relieve. When vomiting of bile, cleanse the stomach with emetic and hot water, then iris versicolor ten drops every four hours, and dioscorea villosa ten drops every ten or fifteen minutes in aq. menth pip. until relieved. If indigestion cause torpid liver, then two drops nux vomica every four hours to meet this condition. In children we have frequently cured colic with chamomile one drop every half hour or every fifteen minutes and sometimes have alternated with calamus acorus, sweet flag, two to five drops. It is safe and will relieve as quickly as opium or paregoric without any after effects or danger. If pain also in large intestines, colocyth tincture one drop every hour will promptly relieve. In cholera morbus where discharges are profuse watery, sour, frequent, use iris tincture one drop after each action until checked; ipecac one drop every ten minutes until vomiting is checked; creasote is likewise good. If cramps in stomach, bowels and extremities ten drops euphorbia every half hour until relieved; dioscorea tincture ten drops alternated.

If there is prostration, weakness, great severity of the disease, camphor tincture five drops is valuable in this condition and warm whisky or brandy alternated will help other remedies to bring about reaction. In hyperemia or congestion of liver, iris versicolor tincture two drops every two or three hours will do much good and help other indicated remedies. Where there is vomiting, dry mouth and throat, pain over liver, bitter taste in the mouth, bryonia alba. should alternate the iris. If intestinal catarrh, greenish discharges, burning in colon and rectum use iridin one grain every two hours. If diarrhoea, with discharges green then yellow and slimy, iridin one grain every hour alternated with podophyllum every hour until better, then every three hours. Iris versicolor cures pancreatitis. In skin diseases as psoriasis, eczema, etc. iris is very useful alternated with other remedies as berberis, arsenic, iodine, oil cade etc.

In iritis, iris ten drops of the tincture every three hours is very useful; aconite for fever and atropia to dilate the pupil, which is necessary in nearly all cases. In the rheumatic variety bryonia and cimicifuga are very useful and act like a charm.

## EMPIRICISM IN PSYCHIC HEALING.

By J. T. McColgan, M. D., Arcot, Tennessee.

Paracelsus, a physician, who wrote nearly five centuries ago, speaking of cures by means of faith, says: "If I believe in St. Peter's statue as I should have believed in St. Peter himself, I shall obtain the same effects that I should have obtained from St. Peter. But this is superstition. Faith, however, produces miracles; and whether it is true or false faith, it will always produce the same wonders." Pompanazzi, who wrote in the sixteenth century, speaking of cures by means of relics, says: "The cures attributed to the influence of certain relics are the work of imagination and confidence. Both quacks and philosophers know that if the bones of any skeleton were put in place of the saint's bones, the sick would none the less experience

beneficial effects, if they believed they were veritable relics." So in regard to theories of healing, the theory as such has no direct influence in the cure, no matter how absurd or how ridiculous the theory may be, or how inert the substance used if they arouse expectant attention and maintain this condition sufficiently long, benefit always and very often permanent cures will result. Suggestion is the lever which raises and maintains this condition and under one form or another is the potential agent in all forms of healing. Some persons are more susceptible to one form of suggestion and some to other forms. The enthusiasm and earnestness of the healer emphasizes suggestion of any kind and fixes it more permanently, just as the fanatic in religion or the radical in politics will make more enthuiastic converts than the lukewarm advocate or a cold logician. And right here is where the empiric in mental healing as well as the medical quack gets an advantage over the regular practitioner who usually pursues his calling as a mere matter of routine, looking solely after the bodily tenement and paying little or no attention to the living man.

Most of our battles with irregulars have been waged against their theories and our assaults confined to intemperate denunciation and ridicule more calculated to arouse sympathy in the minds of the masses than to convince them of the error of our adversaries. Consequently we have achievcd no splendid victories against the quack, but he flourishes under our abuse and denunciation as the mushroom grows from a manure heap. Our method of dealing with him has been like the quarrels of children; dispute and deny all he claims to have accomplished, revile and make mouths at him. In these controversies the profession instead of trying to explain the cures under quackery uses the christian scientist dogma and avers that "the disease was never existent, purely imaginary, and the cure an hallucination," and think this dogmatic assertion should satisfy the man relieved of a sciatic pain or the tortures of a rheumatic arthritis.

The facts are that recoveries have taken place under every system of healing, from the rabbit-foot charm of the plantation negro to the antitoxin fad of the dilletanti scientists, and it is useless to deny that the means used exerted an influence, but how? The error of both empiric and regular is in failing to appreciate how this influence acted, the one from gross ignorance and the other from sheer laziness to properly investigate. It may be set down as an axiomatic truth that the general who underestimates the strength of the enemy and fails to investigate and inform himself concerning the position he occupies, is certain to meet with a repulse whenever he makes an assault, though he may be stronger in numbers and lead a better disciplined army; and it is none the less true that the person, organization or sect which attacks the good which an adversary accomplishes, though that good be accomplished from mistaken theory or wrong motives, stultifies itself more than it injures the party assailed.

It becomes necessary in this connection to state some unpalatable facts, but as I write for the broad-minded, thinking members of the profession who are wedded to it more for the good they think it can accomplish for humanity than for the dollars and cents they hope to wring out of it, I feel that I will not be misunderstood. If the dogma of the nonexistence of disease was all there is in christian science and its dupes received no physical benefit from it, the medical profession would bother themselves very little about it. If all the cases that die under medical treatment were reported and commented on by the

newspapers like the deaths occurring under christian science treatment, the profession of medicine would soon be under as bad repute as the followers of Mrs. Eddy. If the osteopath only pulled the legs of his patients for dollars and no cures resulted, our profession would bother itself as little about osteopathy as it does about the gold brick man or the green goods swindler. If the magnetic healer and absent treatment fake never healed and only exploited the simple, we would never ask the post officials to throw their advertisements out of the mails as swindles. We are concerned about these things because cures do actually occur under their treatments, and very often in cases where medicine has failed to produce good results. But we consider it derogatory to our dignity to investigate their methods dispassionately and philosophically and inform the public whose health we pretend to be custodians of just what there is in them and how these systems act. We apply to them the name quack! make a dignified sneer, shake our heads, look wise and expect the whole world to bow humbly to our "ipse dixit."

The blanket term quack has been used and misused so much that in medicine it has about the same significance as heretic does in religion. Anyone who fails to conform to one's own peculiar views in religion is heterodox; anyone who fails to conform in theory and practice to one's specific views in medicine, we dub quack. Webster defines a quack: "A boastful pretender to medical skill which he does not possess; an ignorant practitioner." Under this definition, strictly speaking, we are all, regular and irregular, alike, quacks. There is no such thing as absolute knowledge in medicine; it is all in the experimental stage, and yet we pretend that it is a science and ask the state to legalize it as such. The true definition of quack, according to my view, is this: "One who confines himself to an exclusive system and trades upon the name of that system." In true medical practice

> "No pent-up Utica contracts our powers,
> The whole boundless universe is ours."

The man who pins his faith exclusively to medicine and pretends that alone cures disease, is as much a quack even though the walls of his office are adorned by a dozen diplomas, as the ignorant faith doctor who pretends to cure everything and every body by a charm, a prayer or the laying on of hands. It is all right and proper for one to have perfect confidence in the means he uses in a given case. It is all wrong for him to claim such means applicable to every case and no other means beneficial. The profession of medicine is greater, grander and more enduring than any sect, pathy or ism. They are but water-sprouts or suckers growing from the parent tree, sapping its vitality to a certain extent, but having no true, individual life withiu themselves. Nothing they claim but what is derived from the ages of investigation of regular medicine, and any claim to a specific proprietorship is not only a fraud, but a contemptible theft. As a regular physician, I have a perfect right to use a centessimal dilution of anything from moonshine to rattlesnake poison, if I think it will benefit my patient, and still not be a homeopathist. If I believe it will benefit my patient, I have a perfect right to pray at his bedside aed invoke the divine blessing, but this does not of itself make me a divine healer. I have a right to impress on my patient's mind the idea that he exaggerates his sensations into pain and causes much of his suffering by wrong thoughr, but this does not make me a christian scientist. I may pull his leg, rub his hyperesthetic nerve centers, manipulate any part of his body, and still not

be an osteopathist. I can soothe his peripheral nerve endings by passes and gentle friction, and not be a magnetic healer. I can utilize any and all of these systems and not descend into quackery; nay more, it is my duty to do so when I am satisfied my patient will derive more benefit from them than any other treatment. When a physician assumes the responsibility of treating a patient, he occupies a higher position than king or emperor or even Pope of Rome, and he has no right to allow any dogma, creed or pretended authority to stand between his conscientious convictions and the wellfare of his charge; if he does, and cringes to the dictum of self-constituted doctinairs, he has mistaken his calling and should wear the cassock and cowl instead of the robes of "the art divine."

To the doctrinairs, the self-constituted authorities in medicine are we indebted for the existence of all the medical sects; too indolent or too egotistical to investigate anything new to them, they have ever sought to tie the profession down to the tomb of the dead past, to the opinions of an age intellectually and practically incapable of drawing correct conclusions from observed facts. It would seem that their policy and teaching was to make intellectual eunuchs of their pupils to guard the zenanna where they prostituted science. No important discovery in medicine can be acredited to this class, while they have opposed with anathema and bigotry every advance which has been made in the science or art. They denounced Harvey as bitterly as they did Hahneman, Jenner with as much violence as they did Messmer. Homeopathy was a protest against inordinate drugging, and apart from the erroneous doctrine of similars possessed, a truth which unknown to its devotees gave it sufficient vitality, in spite of persecution, to grow as an independent sect. Eclecticism arose as a protest against the abuse of the lancet and mercury, and being denounced and excomunicated by the doctrinairs, was driven into sectarianism; hydropathy met with the same abuse, but not having enough vitality to succeed as a sect, after a feeble struggle, has been about reabsorbed into the profession. No candid observer will deny the fact that we have profited to a certain extent by reason of the success of all these sects. No doctor would be tolerated who would prescribe medicine as it was prescribed even a century ago. These sects while working under erroneous conceptions showed by their success in the treatment of disease that the old system of drugging, bleeding and blistering to such a great extent was useless if not harmful, and their success in getting and holding patients drove the mossback conservative to modify his treatment regardless of the teaching of his school, and have destroyed the bigotry and intolerance which characterized the regular of fifty years ago.

The pioneers in scientific suggestive therapeutics, like Harvey and Jenner, made their fight inside of the profession. Liebault sturdily refused to be kicked out and his success forced the faculty at Nancy to investigate his methods. Prof. Bernheim took up the investigation, as he himself says, filled with prejudice and skepticism, and applied the most rigid scientific tests. Charcot gave several years and the weight of his great name to the investigation, though unfortunately the material he experimented with led him to some incorrect couclusions and a serious conflict with the Nancy school. Following these the ablest clinicians in Europe gave their attention, and the names of Moll, Herr Notzing, Van Eding in Germany, Wetterstrand, Bjornsen and Oschorowicz in Sweden, Norway and Poland, and Kraft-Ebbing of Austria all figure among its defenders from the assaults

of the ultra conservatives and have given it a place in therapeutics which twenty years have only made firmer and broader. None of these pioneers ever dreamed of founding a sect; they even failed to recommend it as a specialty, and all concur in the belief that the family physician who properly equips himself will acheive more marked success than the hospital physician or the specialist. In the United States, however, the profession of medicine was more tardy in giving recognition to suggestive therapeutics than it was in Europe. So numerous, irregular and empiric practitioneers sprang up under various designations and professing different theories. The profession for a while contented itself with laughing at their pretensions, but their cures became so frequent and they were taking so many patients, and the best paying patients too, that many became alarmed and sought to invoke the law to protect them, but the law does not seem to fit such cases. Now what are we to do to be saved? Let us see: Why is it that christian science, Osteopathy and magnetic healing have failed to get any foothold in Europe? Simply because even the laity know that all these things owe whatsoever success they acheive to sugggestion and they prefer to get suggestive treatment from the regular profession who have studied it practically and scientifically to applying to empirics who only exploit one branch of it. Let the profession in this country stop their childish "making mouths" at these empirics, and teach the people the principles of suggestion and the influence of mind over the body, and these sects will starve out in less than a decade.

## THYROID THERAPY.

Dr. Herman M. Biggs read a paper on the Therapeutics of the Thyroid Gland at a late meeting of the New York County Medical Association and we present the following abstract of it from the Medical Record:

He said the whole question of thyroid therapy was still in an unsettled condition. In cretinism the influence of this treatment was most remarkable but the remedy must be employed throughout the remainder of the person's life. The conditions in which this remedy had been chiefly used were classified as follows: (1) Exophthalmic goiter; (2) psoriasis, eczema, alopecia, lupus, and certain other diseases of the skin; (3) goiter; (4) various forms of insanity; (5) obesity; (6) retarded development in children; (7) tetany; (8) in a number of conditions, such as chlorosis, anaemia, syphilis, and arteriosclerosis, in which the remedy had been used empirically. In two instances he had used thyroid preparation in Graves' disease, and in both instances it had resulted in an aggravation of the symptoms. There seemed to be no means at present by which one could determine in what class of cases of chronic eczema or of psoriasis the thyroid preparations would be of service, for in some the results were good, while in others they were absolutely nil. In lupus the results following thyroid treatment were not unlike those observed after the use of tuberculin. The lupus nodules had never been completely removed by it. In leprosy there seemed to be no rational ground for the use of this remedy, yet certainly results had been secured which might at least be characterized as encouraging. Fairly favorable results have been secured in some cases of stuporous insanity, and in mental derangements occuring about the time of the menopause. In the treatment of goiter there was usually improvement, the goiter being reduced in size. In fibroid goiters there was naturally but little benefit observed.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE.

FIFTH PAPER.

By M. G. Price, M. D., Mosheim, Tenn.

### SUMMER DISEASE.

A joyous household, father, mother, brothers and sisters, and baby the heart's center of the whole group, the joy and light of the family circle, but alas a cloud flits across the threshold and with its passage the angels bear the tiny cherub far away from the scenes of suffering to the bosom of the Great Physician who will keep them well always. But on this side of the "great divide" there are broken hearts and longing desires. "Rachel weaping for her children and will not be comforted because they are not."

No mother ever lost a babe with this worst of infantile maladies but dreads to meet it again and no physician ever snatched one from the hands of the destroyer and handed it back to that tenderest of all friends, the mother, but was enshrined in her affections with the deepest gratitude.

Study these cases for they will bring you honor, fame, and place, to say nothing of cash. It is right now that the season of this plague is upon us and now is the time for refreshing in the literature of the subject.

One great question concerning the malady that should engage the physician's attention is: what is its cause, and this discovered, the way intelligently to treat it. Those who have most thoroughly studied its etiological factors and who are consequently in a position to judge and who are entitled to great credit say that it is caused by bacteria, the poison generated by which have been taken into the system in milk, and so the disease has been in reference to its cause called "milk infection."

The attack is generally preceded by disturbed sleep, restlessness, eructation of a sour smelling liquid which in some cases is very offensive. In a day or two the diarrhea and vomiting begin. The stools may be semisolid of a yellowish color, with a fecal odor; or liquid green in color and acid, or they may contain mucus and blood, or towards the end almost serous and very offensive. The tongue is dry and coated, red at the tip and edges, appetite poor, with thirst and distended abdomen; skin hot and dry, pulse weak and may run up to 120 or 140 per minute, urine high colored and scanty and passed at long intervals. The disease progresses the eyes are sunken and dull; the fontanelle is depressed and there is a great emaciation. Ths diagnosis is made from the fever, vomiting, diarrhea, age of the child and the season of the year.

In the treatment we must first get rid of the cause, eliminate the possibility of "milk infection" by ceasing to feed upon it. Give caster oil to thoroughly cleanse the alimentary tract, irrigate the intestines with salt water or a solution of quinine in water. The child should be fed upon animal broths and these should be given at regular intervals of three or four hours, for a regularity is of nearly as much importance as the article of diet.

The physician in general will suggest other articles of diet that may be

alternated with that allready mentioned. There is one thing I wish to emphasize in the treatment of this disease and that is, don't be influenced by the thought of checking this diarrhea with opium. It cannot be done. I knew a mother to give her babe ten-drop doses of paregoric and three seven-drop doses of laudanum in about twelve hours and the number of stools was twenty during that interval. Opium has its place in this trouble more as an anodyne and to check peristalsis than as an astringent.

Of medicines we have employed the following course with good results: Calomel 1-6 gr. until the alimentary canal is clear. Then bruceine 1-134 gr., copper arsenite 1-1000 gr., atropine 1-250 gr., three or four of each in half a glass of water; give a teaspoonful every fifteen minutes until effect then every two to four hours.

There is a dosimetric granule made that accurately fills our idea of this treatment:

℞ Zinc sulpho- carb., 1-40 gr.
Copper arsen, 1-5000 gr.
Morphine sulph., 1-1000 gr.
Campher mon., 1-40 gr.
Atropine sulph., 1-1000 gr.
Aconitine, 1-5000 gr.
Strychnine ars., 1-2000 gr.

One granule every ten minutes until symptoms abate somewhat, then one every hour.

## DOSIMETRIC NOTES.

By M. G. Price, M. D., Mosheim, Tenn.

In tonsilitis give calcium sulfid.

Ergot, hypodermatically, is fine in facial neuralgia.

Tr. cantharides has a benign influence in cancer.

Ten grains potassium iodide taken at bed time will abort coryza.

Glonoin is serviceable in acute and chronic gastric catarrh.

Pilocarpin will abort mumps and increase the milk supply.

Don't combine atropin and morphin in inflammatory conditions.

Paint the chest and back in pneumonia with tr. of iodin. It is valuable.

Potassium iodide is valuable in the "heats and flushes" of the menopause.

Caffein-sodio benzoate is more rapidly effective than ergot in puerperal hemorrhages.

Ergotin, gr. 4 to the ounce, injected into the bladder in ammoniacal cystitis will cure.

A few drops of camphor in water used as an enema will promptly evacuate the bowels.

Salicylic acid will prevent the formation of gall stone. Two grs. three or four times a day.

Remember opium in harassing and frequent coughs with little secretion, but avoid it in profuse expectoration.

I believe in positive medication. Give it for a purpose. If we can't help nature we had better keep out of its way.

Cold water was known to be good in rheumatism so long ago as Hippocrates. Place a cold compress on the inflamed part and see how it works.

Make a ten per cent. solution of amyl nitrate in alcohol, give drop doses after each fit of coughing, and you will be wonderfully surprised.

A drop or two of castor oil will ease the irritation caused by a grain of sand in the eye. Did you know that this same oil is a good vermifuge?

## THE DOSIMETRIC TREATMENT OF GOUT.

All the anti-goutic treatments up to this time and including the specifics are based upon chemical action, that is to say, correcting the excess of acid, primary cause of the gout and rheumatic gout by the alkalies of the blood. This is also the case with the diuretics, given for the purpose of eliminating the uric acid, colchicum, squills, digitalis, antimony, etc. But these means are temporary only and do not prevent the gouty accesses. It is, in effect, that they act upon the result and not upon the cause.

The cause is the gouty diathesis, that is to say, incomplete combustion of urea; as a consequence, the formation of uric acid in excess. The blood then looses its neutral character and it is particularly upon the muscular tissue and upon the articulations that the acid deposit takes place (gouty incrustations.)

Gout is hereditary, not the gouty principle, but the tendency to its production. It is the history of heredity in general. Gout attacks men more frequently than women, but the latter are not immune, only with them the attacks are not so violent. The gouty are generally of an atonic temperament, they do not like corporeal exercise because their muscles are weak and their articulations are dry; they have a tendency to obesity, they are in general lively but of a vivacity which has nothing spiteful; on the contrary they are good children, as they are good companions.

The danger for them is in the non-appearance of the disease at the usual periods; it is for this reason that it has been said that it is not necessary to seek to cure the disease. But the disease may be diminished and insensibly eliminated by dosimetric treatment; which consists in the daily use of seidlitz salt, for the purpose of restoring to the blood its alkaline principles, and the taking in the evening, on going to bed, of four granules of the arseniate of strychnine and as much of aconitine and digitaline. The action of these alkaloids is easy to comprehend; the strychnine tones at the same time the muscular and the nervous systems, and enables the gouty to take the necessary exercise, the only means of increasing the activity of combustion, as with the locomotives upon the railroad, the fire of which is increased by the rapiditity of the current of air. It is for this reason that walking, horseback riding and all corporeal exercise are beneficial to the gouty; but to accomplish this the stroke of the whip (strychnine) is necessary.

The aconitine modifies the tendency to fever; for although the gouty are generally of an atonic temperament, with them the venous system rests upon the arterial system, and it is well known the venous blood is warmer than the arterial blood.

As to the digitaline, its action is well known; it increases the intra-vascular pressure; the urine is passed with more facility unless there is hypersecretion. It is in this respect that digitaline is so useful, since it may prevent affections of the heart and kidneys; carditis, pericarditis, endocarditis, granular nephritis or Bright's disease, etc. Perspiration of the skin is also facilitated without loss to the organism, as it is the sudorific principle which is eliminated.

It is much more important with the gouty that the sudation takes place internally and externally, it is necessary therefore to promote it. It is also necessary to increase digestive functions by quassine and the arseniate of soda; for with the gouty there is a tendency to acid dyspepsia.

Some of our readers have desired something on this subject, so we are glad to present the foregoing from the Dosimetric Medical Review.

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

## THE TREATMENT OF INOPERABLE CANCER.

Dr. Wm. B. Coley, the noted New York surgeon, contributes an article on this subject to the St. Paul Medical Journal for June. He gives in detail the history of four new and briefly that of twenty-four older cases and gives a resume of altogether two hundred cases of sarcoma treated by him with the mixed toxins of erysipelas and bacillus prodigiosus. The preparation he uses is unfiltered, except in children and greatly debilitated persons, and sterilized, so that it can be used with perfect safety in a general hospital ward. Aseptic precautions must be strictly observed. His experience with the method extends over eight years. The results of the treatment in his hands have been truly encouraging. Of the four new cases one died, the other three were greatly improved. Among the twenty-four older cases only one was unsuccessful, one died after one, another after three and one-fourth years. In the remaining twenty-one patients the tumor decreased greatly or disappeared entirely, health was restored and they were reported well six and seven years after the injection of the toxins. Dr. Coley makes no exaggerated claims. He believes that early and complete removal by the knife furnishes the best hope of permanent cure. The treatment is advised only in inoperable cases of sarcoma. "To have saved even one case of inoperable cancer," he says, "would seem quite sufficient to offset the disappointment of a hundred failures. If instead of one per cent. there is a probability of being able to save upwards of ten per cent. of these otherwise hopeless cases we certainly have sufficient encouragement to continue the method. I believe that the most promising field lies in the use of the toxins in small and safe doses directly after the primary operation instead of waiting for a recurrence to appear. If the toxins can in a considerable number of cases destroy and permanently cure large inoperable sarcomas it is reasonable to suppose that their administration after operation wil destroy the invisible portions left behind and thus in a much larger number of cases prevent subsequent recurrence". Any method ot treatment which offers even the faintest hope to the unfortunate cancer patient whose case has passed beyond the stage where the surgeon's knife can bring relief is welcomed by physicians and will be tried with increasing frequency. Special attention is due to Dr. Coley's advice to supplement operative treatment of sarcoma at once by the toxin-injection.

## SURPLUS OF DOCTORS.

From Germany come complaints about overcrowding of the medical profession, similar to those with which we are familiar in the United States. While the population of Germany has increased fourteen per cent. in the last twelve years, the number of doctors show a gain of fifty-six per cent. for the same length of time. The term "professional proletarian" is often heard, its sad meaning generally understood. Russia protects herself against similar deplorable conditions by limiting the output of doctors. Each university is allotted a limited

number of new medical students annually, allowing only 1095 each year for the whole empire. It is a despotic but nevertheless effective measure. In estimating the proportion of doctors to population in the different countries one must not forget to take into consideration the people's ability to support a physician. It is perhaps easier for a doctor to draw his support from five hundred persons in the U. S. than from two thousand in Russia.

### A WORTHY SUGGESTION.

Since scientific criminology and statistics have demonstrated the influence of criminal habit and heredity upon the volume of crime throughout the world, social reformers have given much thought to the problem how to eliminate the factor of criminal heredity. They have arrived logically at the conclusion that the only sure remedy lies in castration of the criminals, thus stopping propagation of the type.

Females may almost be left out of consideration, for they are very apt to become sterile as a result of vicious habits of life. But male criminals have the procreative faculty generally highly developed. Scientists generally, as anthropologists and physicians favor castration as a social protective means. But there are sentimental objections against it in the popular mind and it will be a long time, before a penal code will incorporate the measure and legalize it. Dr. A. J. Ochsner of Chicago offers in the Journal A. M. A. a surgical substitute for castration, which, while obtaining the end of making the criminal sterile, causes no impairment of his sexual desire or power. It consists in resection of the vasa deferentia on both sides, just below the external inguinal ring. The operation is simple, quickly performed and devoid of danger, if the most ordinary surgical precautions are observed.

The operation may overcome the popular objection against mutilation by castration. It would protect the community against the criminal and would not harm the latter, for it would not, as Dr. Ochsner says, interfere with his "possibilities of future enjoyment of life".

### TOY-PISTOLS AND TETANUS.

Loss of life consequent upon injuries received in Fourth of July celebrations threatens to be as large this year as it was in 1899. Every day the daily papers report cases of death from blood-poisoning and lockjaw following small wounds made by toy-pistols and blank cartridges. A semi-barbarous mode of celebrating the nation's birthday is productive annually of greater mortality than many of the battles that have been fought in our recent wars. It seems time that legislative bodies step in and put a stop to the unnecessary slaughter. In New York, as an item in the Medical Times tells, a law was recently passed which makes it a misdemeanor to sell or give a toy-pistol in which blank cartridges are used to a person under sixteen years of age. That is something, but it is not half enough. The only absolutely sure method would be to forbid the manufacture and sale of the murderous playthings. As long as they are made they will find their way into the hands of boys and fulfil their mission of death and destruction.

To the physician and surgeon injuries of the kind present a serious problem. A similar epidemic, as one might almost call it, passed over our country early in the 80's. It was before the time, when lockjaw was found to be of bacillary origin. Trying to discover the cause, it was thought to lie perhaps in the chemical composition of the fulminating caps used or the products of their combustion. Various other theories were advanced, none of course conclusive or productive of practical results.

Today, while we all agree that tetanus can only be caused by the specific bacillus, we are still puzzled to explain, why it should enter so frequently the trifling wounds made by the toy-pistol and comparatively seldom other injuries of the hand. An editorial writer in Pediatrics tells of a series of experiments undertaken to determine whether the bacillus tetani be contained in the paper of which the wads for the cartridges of toy-pistols are made. The results were entirely negative. Until further light is obtained we must satisfy ourselves with the explanation that a boy's grimy hands, especially on the Fourth of July, are very likely to come into contact with the bacillus of tetanus which is anaerobic and is found in dirt, particularly that about stables.

The mortality of acute tetanus is very high, put by Osler at 80 per cent. by Wood and Fitz even at 95 per cent., not much of an improvement upon that given by Hippocrates. Treatment, as long as the etiology of the disease was unknown, was of course empirical and symptomatic, relying mainly upon nerve sedatives. Chloral and bromides in very large doses have undoubtedly saved some cases. Modern rational treatment, based on the better understood pathology has not been much more successful. The results from the use of anti-tetanic serum are far from being satisfactory. More promising appears treatment by carbolic acid, as originated by Italian clinicians. H. C. Wood in Merck's Archives devotes attention to it, in itself a recommendation. Baccelli's method is as follows: If the tetanus is of traumatic origin, the wound is thoroughly cleansed with a strong antiseptic solution (either corrosive sublimate or carbolic acid;) the patient is placed in as quiet an apartment as can be obtained, the ordinary rules of diet, etc., are to be carried out, and subcutaneous injection of a two per cent. solution of carbolic acid given at two or three hour intervals. If the case is one of only moderate severity, commencing doses of about 0.20 Gm. (3 grn.) in twenty-four hours may be used. This dose should, however, be rapidly increased to at least double or triple the quantity. It is remarkable what heroic doses of carbolic acid tetanus patients will bear. Doses of 0.72 Gm. per diem have been injected hypodermically with no smokiness of the urine, nor other sign of poisoning; and one case is recorded in which 3.0 Gm. (45 grn.) were given in the twenty-four hours, with smokiness of the urine, but apparently no more dangerous symptoms, the patient recovering from both the disease and the remedy. Along with the carbolic acid other remedies, as morphine or chloral, may be given, as thought necessary.

The success obtained by this method of treatment is incredible, it would seem to alter the prognosis of tetanus almost as entirely as antitoxin has that of diphtheria. Of thirty-four cases treated by carbolic acid only one died, giviug a mortality of 3.2 per cent., while treatment by two kinds of serum in two different series of cases resulted in 17.8 and 35.7 per cent. respectively.

Such figures are remarkable and must encourage every physician to try the method, if the occasion offers. Anti-tetanic serum has not been a great success, it is difficult to obtain except in the largest cities, while every country doctor can readily make a solution of carbolic acid and inject it at once, thus avoiding delay and saving much valuable time.

If further trial should firmly establish carbolic acid as a treatment for tetanus, when fully developed, the serum may become useful as a preventive, to be administered in suspected wounds, immediately after the first thorough surgical treatment.

# The Wisconsin Medical Recorder.

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**J. P. THORNE, M. D., Editor.**

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## EDITORIAL CHAT.

When we first offered the one thousand prescription labels as a premium with the Recorder, our intention was to give the premium to new subscribers only, however the Recorder has flourished so that for the present we are giving the premium labels to both old and new subscribers. There are a good many subscribers on our list whose subscriptions have expired and we wish to call their attention to this offer. If your subscription has expired, send along your dollar and your subscription will be advanced one year and you will receive one thousand labels as a premium. These labels are warranted to be satisfactory and if anyone receives labels which are not all right, we wish them returned and we will gladly furnish others.

Dr. M. G. Price's article this month is very timely and he briefly presents a good line of treatment. The modern treatment of these troubles is to clean out the gastro-intestinal tract, use intestinal antiseptics and proper feeding. A physician of extended experience was in our office a few days ago and said he had used everything but he found nothing equal to copper arsenite. Copper arsenite is a valuable remedy when properly handled, but the sulpho-carbolates seem to give better results to most practitioners.

When remitting to us, please send by one of the safe methods, money order, draft or registered letter. It is never safe to send currency in a letter.

A few months ago a wave of "magnetic healing" swept over the country and every city and town had its magnetic healers who promised to cure everything. For a time it looked as though the honorable family physician would lose most of his practice, but as the extravagant claims of these healers have not been fulfilled, a reaction has commenced which will place magnetic healing where it belongs. In disorders where suggestion and massage are of value, the methods of magnetic healing will help and it is well for the physician to understand what there is to it. A few months ago three magnetic healers were doing a good business within a few steps of our office, but now they have all quietly folded their tents and departed for greener pastures. Dr. P. W. Pope's little book, "The Expose of Weltmerism" gives a good insight into this subject and shows both the value and failing of magnetic healing. This is a paper covered work of 122 pages and is well worth the price charged for it by the author, sixty cents. Upon receipt of this amount we will send a copy of the book postpaid. The author is very earnest in his purpose "to indicate the principles and practice of so-called magnetic healing which are worthy of further study and adoption."

## HAY FEVER.

As the hay fever season approaches it is well to give attention to the best methods of treating this annoying malady.

Hygienic measures are of especial value in this disease. The patient's manner of living should be regular in every respect; the full amount of sleep, freedom from over-excitement and over-work are necessary. The diet should not contain too much of the nitrogenous elements.

An excess of uric acid in some cases doubtless is the exciting cause of the disease. Dr. S. S. Bishop, of Chicago, has given this phase of the subject more attention than anyone else and he considers uric acid the most important cause of the disease. He limits the foods which produce uric acid, such as meats, sweets, beer, etc., and recommends a diet of fruit, vegetables and milk. Preceding the attack he administers sodium salicylate and during it he gets relief from the mineral acids. Exercise aids in eliminating the uric acid and also tends to relieve the severity of the attack.

The internal administration of nerve tonics and sedatives is of value. The valerianates have given us especially helpful results; we have given them in the form of zinc valerianate and also strychnine · valerianate. The latter has the advantage of combining the sedative action of the valerianate with the needed tonic of the strychnine. Recently good results have been claimed from the administration of suprarenal extract.

A tablet or powder containing atropine and morphine taken by hay fever sufferers and repeated as needed gives great relief, but great care should be exercised in using such a remedy as it is so easy to form a habit. A prescription should never be given for this and if given at all it should be dispensed by the physician himself and the patient should not know what he is taking.

Various local measures for the relief of the disease are used, such as sprays, ointments and powders.

A remedy which gives great relief locally is suprarenal extract in solution, sprayed in the nose. A good treatment is first to thoroughly cleanse the nose with a spray of hydrozone and water and then apply the suprarenal extract spray.

A spray of liquid petroleum containing menthol and camphor is often efficacious. A cocaine spray affords decided relief, but we do not use it in our practice as the cocaine habit is too readily acquired. Dr. J. Price-Brown has had good results in relieving the disease from spraying the throat with a 3 to 5 per cent. solution of menthol in albolene. This is sprayed in the throat only, inhaling it forcibly during a full inspiration and then closing the mouth and breathing out through the nose.

Such a line of treatment as indicated will relieve the majority of cases so that they can get through the hay fever season with some degree of comfort. Although continued perseverence in the treatment is necessary to obtain the relief.

Many cases of hay fever are due to pathological conditions of the nose, such as hypertrophied turbinates, septal deflections and excrescences and polypi. All hay fever subjects should have careful examinations of the nose made during the intervals between the attacks and any such exciting cause should be removed by the proper operative work. Several writers, as Sajous and MacKenzie, regard the sensitive area which exist independent of hypertrophy, as causative and recommend the destruction of terminal nerve filaments with the galvanic cautery. In some cases this is true and such treatment gives decided benefit.

# THE MEDICAL SOCIETIES.

## WISCONSIN STATE MEDICAL SOCIETY.

The fifty fourth annual meeting of the society was held in Milwaukee, June 20, 21, 22. The meeting was largely attended and a number of valuable papers discussed. The number of papers to be read at this meeting was limited by the society to twenty-three in order to allow more time for discussions. The annual banquet was held at the Plankinton house with Dr. G. D. Ladd, of Milwaukee, presiding.

Dr. W. T. Sarles, of Sparta, in the president's annual address, spoke of the value to the practitioner of being a member of such society. In order to permit of more thorough discussion he suggested that the meetings of the society might conveniently be divided into two sections, medical and surgical. He urged the appointment of a national board of health and spoke of needed legislation.

The membership of the society is now 559, a gain of 256 members in the last eight years. The society is in a prosperous condition in every respect.

The following officers were elected: President, Dr. J. F. Pritchard, Manitowoc; vice-president, Dr. H. V. Wuerdemann, Milwaukee; second vice-president, Dr. Edward Evans, La Crosse; censor, Dr. George Steele, Oshkosh; secretary, Dr. C. S. Sheldon, Madison; treasurer, Dr. S. S. Hall, Ripon. The meeting next year will be held at Waukesha.

The newly organized society, The Wisconsin League of Medical Licentiates held a meeting at Milwaukee, June 22. This society has been organized to unite the members of all three schools in efforts to promote medical legislation. The officers of the society are: President, H. Reineking, M. D., Sheboygan; vice-president, E. D. Perkins, M. D., Ashland; secretary and treasurer, J. V. Stevens, M. D., Jefferson. It is proposed that the three state medical societies hold a joint initial meeting next year, and then seperate and hold their regular sessions as usual.

The Wisconsin State Eclectic Medical Society met at Madison this year and was attended by many prominent members. The following officers were elected: President, A. B. Bailey, M. D., Fennimore; vice-president, J. W. Burns, M. D., Viola; M. B. Wood, M. D., Pittsville; treasurer, J. F. Stillman, M. D., Walworth; recording secretary, J. V. Stevens, M. D., Jefferson; corresponding secretary, R. W. Edden, M. D., Janesville.

The Wisconsin State Homeopathic Society met at Milwaukee this year and its members report a profitable meeting. State reciprocity of medical licenses received considerable attention, among other matters.

The midsummer meeting of the Inter County Medical Society was held at Ashland, July 17 and 18. Dr. H. M. Read is president and Dr. J. J. Selbach secretary of this flourishing society.

The National Eclectic Medical Association met at Atlantic City this year. Chattanooga was chosen for the next meeting place.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

A French writer says constipation of young infants is sometimes cured by a half teaspoonful of butter t. i. d.

Drs. H. N. Moyer and A. J. Ochsner, of Chicago recommend castor oil for neuralgias. One to two ounces are given every morning before breakfast.

Not enough attention is given to the proper cleansing of clinical thermometers and hypodermic needles; after using they should be thoroughly washed in some reliable germicide.

Dr. W. B. Arnold, of Rockford, Ill. has issued a pamphlet of clinical notes on zymotoid. It contains a scientific article by Dr. Wm. H. Vail and numerous clinical notes. A copy will be mailed any physician who writes for it.

Dr. G. Frank Lydston has been appointed professor of genito-urinary surgery in the Chicago Clinical School. Dr. Lydston is an authoritative teacher and writer in his special field. His new work on genito-urinary and venereal diseases is a most excellent treatise. We have recently had some orders for this book and our customers are much pleased with it.

We have just received from Battle & Co., of St. Louis, a picture of the gout. It is a copy of a drawing published May 14th. 1799, by H. Humphrey, 27 St. James Street, London. There is no advertisment on the picture, just simply a reminder of what we have to pay for our pleasures. A copy will be mailed free to any of our readers who will drop a line to Battle & Co., requesting it.

"The most important of all factors in the production and conservation of wealth today and in the list of human resources for life and progress is the banana." This is the startling statement with which J. H. Watts, of Honduras, prefaces an article on the banana in Self Culture. He shows that the time is coming in the near future when this country will not produce sufficient food for its rapidly increasiug population and that we will have to look to the banana for the necessary additional food. The banana contains the nutriment necessary for the support of life; many of the natives of Central America live almost entirely on the banana and are well and strong. One acre planted to bananas will give the equivalent of five hundred acres planted to wheat. This shows that we have an almost unlimited food supply in Central America available when needed. The banana is a most healthy food and never developes any noxious qualities unless eaten in immoderate qualities or taken at the same time with alcoholic drinks; fatal results sometimes follow over-indulgence in the two at the same time. Under ordinary circumstances eating bananas brings on a distaste for liquor as a beverage. It would be a good thing if many of the people in this country could be placed on the banana diet. The banana just before it is ripened is dried and made into a flour which makes a very acceptable bread.

Dr. Alexander J. C. Skene, of Brooklyn, died July 4, of heart disease, aged 62 years. He was born in Scotland and came to this country when nineteen years of age. He graduated from Long Island College Hospital and then entered the Civil war as a surgeon, After the war he rapidly rose to a leading place as a gynecologist and for years was professor of gynecology and dean of the Long Island College Hospital. For a number of years he was professor of gynecology in the New York Post-Graduate Medical School. He had been president of fhe American Gynecological, Kings County Medical and New York Obstetrical Societies. He was a writer of eminence upon gynecology and his "Treatise on the Diseases of Women" is a standard work wherever the English language is read.

Dr. D. McNeal, of Chicago, has recently been elected a fellow of, and has received a diploma from, the Society of Science, Letters and Art, of London, England, on account of his work as a specialist in diseases of the scalp and hair.

Scrofonol is essentially an oleated camphor phenate which has been so combined with a proper excipient as to form a pleasant and homogenous ointment. It is indicated in a very large number of skin diseases and is particularly recommended for those which are inflammatory in nature and origin. In acne, acne rosacea, eczema, the various forms of lichen, seborrhea, and psoriasis it has no superior. A large clinical experience of various physicians has thoroughly demonstrated this fact. In another class of cutaneous troubles, usually rebellious to treatment, scrofonol has demonstrated its superiority. These are the vegetable parasitic skin diseases, among which are to be numbered tricophytosis (ringworm) of the body, of the head, and of the beard. It acts equally well in favus. Parasitic eczema, sycosis or barber's itch, and all other troubles of the skin due to bacteria, readily succumb to the action of scrofonol, and this without any irritation being produced. It is, in fact, an ideal combination, having the properties of a reducing agent, an antipyretic, and a germicide.

Dr. W. W. Woodring, U. S. Pension Examiner, Mt. Pleasant, Utah, says: "I have been using pil orentalis in my practice now for six months, and must say that they are all that is claimed for them, and even more in senile cases of impotency. My official position as U. S. Pension Examiner gives me many opportunities with the veterans that would never come to light otherwise, and I am prescribing the pills for impotency often, and as an adjunct to other treatment in ovarian congestion. I consider them the most potent aid I have found in thirty years' experience in general practice.

The anodyne treatment of acute peritonitis, McCaffrey ("The Etiology, Pathology and Treatment of Acute Peritonitis," 1899) observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter-irritation, the older resorts are practically useless. Hot-water bags and poultices are far superior, but the relief they afford is only temporary. In some cases the ice bag is more grateful than hot applications. But whether hot or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses every hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short

of narcosis, should be sought, and this is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitro-glycerine, should be judiciously employed.

It gives me great pleasure to add my testimony to that of the many eminent physicians in this city and elsewhere, attesting the wonderful curative value of sanmetto. In nearly all genito-urinary ailments, especially of a chronic nature, it is simply invaluable. I consider sanmetto almost a specific for chronic prostatitis, especially in old men, where more or less hypertrophy exists; also in weakness of the generative system it has wonderful power in restoring waning sexual strength. This is my first testimonial for any medicine, but having prescribed sanmetto ever since its introduction to the profession, and watched its effects in several hundred cases, I feel that I need not hesitate to endorse it.—L. E. Miley, M. D., Member American Med. Assn., Member Illinois State Med. Assn., Member Chicago Med. Soc., Chicago, Ill.

Typhoid urine is frequently a source of infection and one which possibly has not received the attention which its importance demands. It has been noted that aminoform is an efficient germicide and particularly does it inhibit the growth of micro-organisms in the genito-urinary tract, thus removing not only all danger of infection through the urine, but also diminishing the liability to cystitis. It is advised that the drug be given in 10-grain doses once or twice daily in all cases of typhoid from the second week on. Since aminoform is practically harmless, its use is not objectionable in any case. In prostatic diseases also, attended by cystitis, and in stone the effects of aminoform are excellent. In the latter the drug exerts quite a marked solvent action and is of value in favoring the non-operative removal of the calculi.

Dr. J. E. Thatcher (Medical Century) states that in the care of patients suffering with malarial fevers, and especially children, there comes a time when the question of what food should be given becomes one of the gravest importance. In a case of this kind in a baby, 18 months old, in which extreme exhaustion existed after the subsidence of the fever, it was found very difficult to nourish the child, all food being refused or vomited. The case seemed almost hopeless, as the patient was apparently starving to death. A trial, however, was made of lacto-somatose given in a mixture of equal parts of oatmeal water and cow's milk, which was well tolerated without nausea or vomiting. Improvement set in from the moment of taking the first dose of lacto-somatose. The preparation relieved the gastric disturbances, stimulated the digestive organs and created a natural appetite and the power to digest other food. Under its continued use perfect recovery ensued.

The following letter from the London office of The Antikamnia Chemical Company, under date of March 2, 1900, will be found interesting:

Dear Sirs: It was suggested to me a few days ago that I should contribute some antikamnia to one of the hospital ships going out in charge of Dr. Conan Doyle and Surgeon O'Callaghan, F. R. C. S., the latter of whom is well know to me, and has a

very substantial practice. I have contributed to this hospital ship and to the 'Maine,' equally, in your name, the following exact number of ounces, viz: 12 dozen ounces of antikamnia powder and 24 dozen ounces five-grain antikamnia tablets, in all 36 dozen ounces and I feel certain that you will readily endorse what I have done. This constitutes the first introduction of antikamnia, in quantity, to the Army Medical Service of Her Majesty. February sales show nearly double the volume of sales for February, 1899. Rather a pleasant report to make, is it not? Regular monthly statement by next post. Yours very truly,

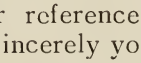
THE ANTIKAMNIA CHEMICAL COMPANY,
Per J. M. Richards.

REPLY.

St. Louis, U. S. A., March 14, 1900.

Dear Sir: In reply to your favor of March 2, 1900, we beg to say that the contribution of 36 dozen ounces of antikamnia preparations to hospital ships, may most agreeably be charged to account of home office. We must thank you for your timely thoughtfulness in making these donations. We have, on this side also, contributed liberally to the Boer Relief Fund through the local representative, Dr. Emil Pretorius, of this city. Glad to note your reference to increased sales, etc. Sincerely yours,

THE ANTIKAMNIA CHEMICAL COMPANY,
Frank A. Ruf, Pres't.



Among the many institutions whose object is perfect rest and physical and mental recuperation, none ranks more highly than the Alma Sanitarium, Alma, Michigan. Situated in a region unsurpassed in healthful conditions, the establishment offers every conceivable facility in the way of superior equipment, sources of recreation, and skillful and assiduous treatment. A leading feature of the institution—which of itself would guarantee perfect recovery in many cases of invalidism—is its inexhaustible supply of nature's remedy known as alma bromo water. This remarkable bromide posesses properties unshared by other similar productions of nature, being a peculiarly efficient laxative, and as an ingredient of the bath, wonderfully effectual in the treatment of chronic rheumatism, while as an excellent sedative in nervous and skin diseases, experience has proven it to be absolutely without an equal. The Park Mineral Spring is highly efficacious, its exhilerating effects being such that it is a popular beverage among guests, who imperceptibly find their mental and bodily powers renewed under its peculiar influence. Even those not requiring medical treatment, but who resort to the sanitarium to enjoy its provisions for freedom from care and ideal rest, find themselves notably reinvigorated by the subtile yet marvelously potent effects of this unique diuretic water. Aside from the signal advantages of the water above mentioned, the sanitarium offers the rarest opportunities for healthful recreation and pleasure. The neighboring country affords charming attractions in the way of walks and drives, amusements of every description have been liberally planned, and the general atmosphere of the place is such as to inspire cheerfulness and contentment even among those long prostrated by chronic diseases. The institution is thoroughly equipped in each department, having electricity in every form, massage, rest cure, manual and mechanical Swedish movements, and a well equipped gymnasium under a trained director. We do not hesitate to recommend Alma Sanitarium cordially and confidently, knowing its high character and the sterling value of its manifold resources as a health resort.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

### FORMALDEHYDE.

Referring to editorial on page 135 (May, 1900), I do not really "catch on" to your idea. Fifth line, 2d paragraph—"always give formalin diluted," etc. What do mean by "drop doses in milk as you give iodide potassium in saturated solution are preferable." Do you mean one drop dose of a saturated solution in water or in milk? Do you give it in milk? Please give us the idea plainly so a backwoods doctor won't go astray. How much of formalin rain water or milk (sweet, sour or blue John) makes a saturated solution? Fermentive dyspepsia is one of our worst troubles.

M. D., Louisiana.

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The "saturated solution" in the quotation on page 135 refers to potassium iodide and not to formalin and the meaning is that formalin is administered in solution just the same as you would use the saturated solution of potassium iodide. One to two drops of formalin is administered in water or sweet milk. Formalin is a 40 per cent. solution of formaldehyde in water.

We use Dr. Leininger's solidified formaldehyde and aminoform in our work and consider them unexcelled for purity and freedom from the irritating products which are sometimes retained during manufacture. You can make up a 40 per cent. solution of Leininger's solidified formaldehyde in distilled water and then administer it in one or two drop doses as explained above.

The internal administration of formaldehyde for cystitis is becoming more extensive as physicians realize the good effects from it. In addition to administering as mentioned it is also given in the form of aminoform, urotropin and cystogen.

Aminoform—Lederer forms a fine crystalline powder, soluble very readily in water; with difficulty, however, in alcohol. It is odorless, tastes sweet at first with a slightly bitter after-taste. In the presence of alkalies aminoform is stable; not so, however, with acids. When heated with dilute mineral acids, formaldehyde is set free and readily recognized by its characteristic pungent odor. It is given in five to ten grain doses in water.

Ed.

### NEW YORK SCHOOL OF CLINICAL MEDICINE.

At a meeting of the corps of teachers of the New York School of Clinical Medicine, held at the academy of medicine, June 21, 1900, it was decided to wind up the affairs of the school and close it permanently. This action was taken in consequence of continuous interference of the lay board of trustees in its affairs.

Simon Marx,
Herman L. Collyer,
Wm. M. Leszynski,
Wm. S. Gottheil,
Ludwig Weiss,
S. Henry Dessau,
Louis Fischer,
Marcus Kenyon.

### SMALL POX.

Dr. Nibblett's statement (Wisconsin Medical Recorder, p. 141,) that small pox, after having been extinct in the United States for 25 years, was brought in again in 1898 from Central America, is based on incomplete information. I know that cases, even amounting to

isolated outbreaks, occurred frequently during the last 15 years in the lumber camps of northern Minnesota. In 1894 there was a small but violent epidemic of small pox in Duluth. The first patient, a general contractor, brought the disease with him from Canada. In all those different outbreaks connection with an epidemic in Honduras was entirely out of the question.

H. Speier, M. D.,
Janesville, Wis.

## A COMMENT.

May be, there are about ten thousand of your readers who have received from the Rio Chemical Co., St. Louis, their annual pamphlet with a picture subscribed "An Anatomical Lecture."

I have seen the original in the art gallery at Hague, the greatest masterpiece that Rembrandt ever produced. I was accompanied at the time by Prof. Hagen, an instructor of physiological psychology, and he ably delineated to me the different expressions of the faces of the eight learned anatomists. The picture represents the moment described in the March number of the Recorder on page 85, when Caspari Aselli exclaimed "Eureka!"

F. A. Beckel, M. D.
Sheboygan, Wis.

## MEDICAL LAWS.

One of the few really great orators, thinkers and students of human nature that the present generation has known, is credited with saying that an orthodox religion without a devil would not last a decade. Whether this statement was grounded on the belief that without the element of fear people would let the future take care of itself or whether a religious belief to be accepted must be so immense in its beneficient results that a comparison must be had to show its far reaching grandeur the writer does not deem here and now a theme for consideration. It certainly is true that the statement originally made, can be made to apply with much force to our own profession. In the various states laws have been enacted to regulate the practice of medicine. These laws have been dictated and made possible by the regular profession and in the face of desperate opposition by the irregulars. At no time has the common people risen as one man and demanded that they be protected from incompetency and quackery. Then the regular profession stands in the attitude of insisting that intelligent, progressive, almost twentieth-century citizens of the country are not able to decide for themselves who should and who should not lend his aid when abused or tired nature rebels and sickness overtakes the mortal.

It is a very great mistake to think that it is the ignorant, uncouth people who patronize the irregulars. This class lacks cash and it is cash that makes the "ad" as well as the mare go. When proof is so easily obtained that cultured, affluent people make it possible for pretenders to flourish it is nonsense to say that we need laws to protect the ignorant from the designing pretenders. A candid regard for the truth compels us to admit that it is in the interest of the advancement of a trust that actuates us largely in the enactment of laws that do not effect the good alleged. If it is not true that the ignorant suffer from the ministrations of the irregulars is it not also true that laws framed with that interest are subterfuges.

If a devil is a desideratum in a successful religion why not utilize the quack in the elevation of our profession? A devil is the antithesis of all that is good and true. Make the medical profession so honorable, dignified and learned that the quack will be in a herd by himself. Admit fewer

monied nobodies into the profession and you have taken one step. Make the college course commensurate with a reasonable knowledge of the work to be done in actual practice and not lengthen it out to the point where poverty and brains are let out and cash and snobbery alone let in.

A law enacted to protect the ignorant from the designer when in reality nobody cares a cent whether the ignorant is protected or not, would be very much like a state law calling for the wholesale extermination of cats because forsooth dogs were making the sheep industry a losing one.

When lawyers, preachers, merchants, all good substantial citizens patronize impostors and montebanks; when such men will let men tell them that a rheumatic pain in the elbow is caused by pressure on a nerve that runs from the elbow to the spleen and that the pressure is occasioned by a dislocated vertebra and that reduction will effect a cure; that such men will pay over good money to have a displaced vertebra put into place and will upon the disappearance of the pain, attribute it to the manipulations of the shark and will advertise the cure as an accomplishment worthy of noticing; when good men able to skin the community in financial trades are cured of headaches and vagrant pains in general by the touch of a hand and will give testimonials that never are more than names to hide a barbed hook, then I say let laws alone.

What think you, reader, would be fhe effect if half the time that is spent in circumventing the irregular were spent in making the chasm that separates him from the genuine article wider and deeper? I notice that the man who loves to dilate as only a connoisseur can upon the weak points of the regular profession and the strong ones of the irregular who was tried in his individual balance and found all right, does not hesitate more than a minute when a little bunch of colic gets tangled up with the vitals of his prattling idol. He never gets any spook doctor then. Not he, and this fact is still further proof that, although the mills of the gods grind slowly, they do grind exceedingly fine and there comes a time, far remote it may be, but come it does, and then the bottom falls out of the pretender and then none but the bravest care to repeat the triumphs of the fallen. Lasting success cannot be built upon a rotten foundation. History proves that no matter how expert the thief may be he loses in the end. Jails and poor houses are for such as he.

In all this it seems to me there should be a lesson for our profession. Being as it is the only one whose education not only concerns the material world, but also brings us nearer than any other to the great secrets of an infinite Power, since its worthy members are present when a new mortal comes into the world as well as lingers last at the couch where the weary heart is stilled, it becomes us that we show to the world not through the strong arm of the law, but by unmistakeable precept and example that our business even reduced to the level of the trade is most worthy because most noble.

There is a wide spread belief that there is a deal of the mysterious and the occult in medical practice. People of all classes hear it and the fact that it is quite prevalent among the educated as among the uneducated offers no very encouraging hope of its early eradication. Men who will laugh at grave yard spook stories will rub a wart with a bit of bacon rind and then bury it under the roof eves with as much faith even if with less ceremony than Lo invites his favorite god to helpful deed.

J. A. De Armand, M. D.
Davenport, Iowa.

## THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

SUGGESTIVE THERAPEUTICS AND HYPNOTISM. Being a special mail course on the uses and abuses of suggestion. By Herbert A. Parkyn, M. D., C. M., Principal and founder of the Chicago School of Psychology. Suggestion Publishing Co., Chicago. Cloth; $10.00.

Suggestion is daily becoming better understood and thousands of physicians are realizing its value and place in practice. This work is composed of thirty-eight lessons bound together in a good substantial volume. Suggestion in its various places is clearly defined, its principles explained and its application in treating different diseases plainly presented. Dr. Parkyn is a leader in suggestive therapeutics and this work gives the results of a very large experience. If the profession would investigate the subject of suggestion there would soon be no field for the magnetic healers and others who are making so much stir at present. Our contention has always been that whatever of merit there is in these systems should be known and practiced by the regular profession. This book contains numerous plates illustrating various points of value. The following from the author's preface explains some of the objects of the book:

No intelligent physician or observer of the signs of the times can fail to note the wave of desire upon the part of the population for a system of healing without the intervention of drugs. without doubt this desire has grown into fanaticism in some directions. While I do not believe we are yet in a position to dispense entirely with drugs and surgical operations, yet, as one who has witnessed the cures of thousands of chronic complaints by drugless methods, I must say that I am as much opposed to a system which insists that a drug is necessary to rectify every physical disorder as I am to a system which teaches that the action of the mind alone should be employed for healing purposes. Dr. Charles Gilbert Davis, of Chicago, has summed up the situation admirably in these words:

"Our doctors have been too materialistic, our so-called meta-physicians, Christian Scientists and mental healers too ignorant of medicine and the law of suggestion. The work should be combined. We cannot ignore the body. We cannot do without either food or medicine. Hunger and thirst may well be classified as disease. What are the remedies? Bread and butter, beafsteak, potatoes and pure water. Show us how to do without these and then we can think of dispensing with medicine of all kinds."

The theories I have advanced in attempting to account for the marvelous phenomena of the somnambulic states of hypnosis will, I apprehend, meet with disfavor from some who have been working along other lines; however, if there be any such among our readers, I merely ask that they withhold their judgment until they have thoroughly investigated these theories. Should my statements appear dogmatic at times, I crave indulgence, for I am earnestly endeavoring to place before the reader the conclusions I have been forced to make, after many years of constant and patient labor. For my own part, I can say that since elaborating the theories I have advanced, the results in cases where I have employed suggestive therapeutics have been uniformly successful; and I hope my efforts may be but the stepping stones to greater developments.

# The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

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VOL. III. JANESVILLE, WISCONSIN, AUGUST, 1900. No. 8

## LEADING ORIGINAL ARTICLES.

### TREATMENT OF DYSENTERY.

By R. B. Hopkins, M. D., Milton, Delaware.

Let us consider the remedies we may use to assist in relieving this morbid condition. I think we should bear in mind before administering them that the pathology does not rest entirely in an inflamed bowel, but also in a congested portal circulation; and if we can strike at the source of the trouble we shall in a large measure be able to meet with gratifying results.

In a case seen early, before any grave complications have manifested themselves or before the bowel has suffered any serious structural change, I have found the following to be efficacious:

℞ Sal. rochelle (a saturated solution), ℥ij.
Tr. opii camph., ℥ss.
Syr. rheii aromat, q.s. ad, ℥iv.

M. et. sig. Two teaspoonsful every hour.

This should be given until two or three free evacuations are produced; then given every two or three hours, and finally discontinued. For children doses should be regulated according to age. The saline will relieve the portal circulation by depleting the congested mesentery, the anodyne will assist in relieving colicky pains and tenesmus, while the syrup adds to the taste and is an adjuvant to the other remedies.

In cases which have progressed so far that the bowel has suffered structural change, where the patient is passing blood and is tormented by continued tenemus, after giving a saline, I have received excellent results by inserting into the rectum a suppository, composed of the following:

℞ Ext. opii, gr. i.
Ext. hyoscyami, gr. ij.
Ext. belladonnae, gr. 1-8.

Sig. To be repeated, pro. re-nata.

We should be careful not to lock the secretions, giving as little anodyne as possible for the comfort of the patient. In small children where it would be impracticable to use a suppository, good results are obtained by inunctions to the anus of the above formula, with the addition of two drachms of cosmoline. Should the patient have difficulty in retaining suppository until dissolved, ten drops of a 4 per cent. solution of cocaine in

the rectum will allay the spasm.

I must confess that oftentimes we are at our wits ends in complicated cases, where there is considerable fever with peritonitis, where the bowels are distended with gas and the abdomen is tender and tympanitic; with these complications I have found that an ice bag, or probably a basin with ice in it, applied to abdomen is grateful to patient and will assist materially in reducing fever, causing the distended bowel to contract, expelling the gas, relieving the distention and indirectly greatly relieving the pain. In persons in which this would be objectionable, hot turpentine stupes have been substituted.

When the case has progressed so far that the nervous system is profoundly shocked, indicated by the pinched features, the dicrotic pulse, the intense thirst and and subsultus tendinum, in addition to other remedies, stimulants and cardiac tonics should be administered with a free hand, strychnine sulphate, 1-20 grain every four hours, combined with spirits ammonia aromatic. Alcohol too freely given adds to the thirst. Some desperate cases have been benefited and have recovered by irigating the colon with warm water. Pulv, acacia, one ounce, dissolved in a quart of warm water injected into the bowel has acted well, the acacia by adhering to the walls of the intestines acts as a lubricant. This may be repeated several times a day. When the tenesmus has subsided and mucus and bloody discharges have become less frequent, it may be well to discontinue all remedies except the anodyne and endeavor to strengthen the patient by a systematic giving of food. Give such as is mostly absorbed by the stomach and small intestine in order that the lower bowel may have rest. Rest now is the object to be sought, rest from peristaltic action and rest to the nervous system.

## THERAPEUTIC SUGGESTIONS.

By Edw. C. Rothrock M. D., Tennessee Colony, Texas.

(Eighth Paper.)

### THUJA OCCIDENTALIS.

Thuja occidentalis or arbor vitae is also called false white cedar from resemblance to white cedars; it is allied to cypress. Thuja occidentalis is indigenous to this country and attains the height of twenty to thirty feet. The trunk is crooked diminishing in size upward throwing out branches from base to summit; the branches are flat and broad, the wood is light and durable, the leaves are evergreen, rhomboid ovate, squamose, imbricated in four rows; the cones are terminal, oblong, scales pointless, one seeded, seeds broadly winged. This evergreen tree grows in various parts of the United States from Canada to the Carolinas; it grows on borders of cliffs, lakes and swamps and abounds principally in the middle and northern States. It flowers in May. It is said to attain the height of thirty or forty feet, when one hundred and fifty years old. The leaves are the parts used, though the twigs are also medicinal and have an agreeable balsamic odor. It has a balsamic, camphorous, with slight bitter taste. A yellow green volatile oil is obtained from thuja, and the dose is one to five drops; alcohol and water extract its virtues.

Thuja occidentalis covers a large field of usefulness. It is indicated in all putrid and degenerative conditions; in blood poison it is of the greatest use. In all cachectic diseases, in typhoid and other fevers it is of great benefit. In erysipelas, diphtheria, carbuncles, boils, gangrenous ulcers, wounds and abscesses, where an antipurulent is indicated, thuja occidentalis will fill the want. We think thuja is one of the best remedies we have and cannot be excelled when used in

proper cases. Another excellent remedy is echinacea augustifolia, which combined with thuja is the preparation put up by Battle & Co., St. Louis, under the title of ecthol.

Thuja is a good remedy for stings of insects and bites of serpents, for which there is nothing better than thuja, ten to fifteen drops every fifteen minutes per orem and locally applied to the bite, frequently in full strength. We have treated several cases of the bites of rabid dogs, with success with thuja,

In aptha of mouth and throat, a wash of one part thuja and two parts water is a very prompt cure. We have frequently used it in putrid conditions of the throat as a wash and internally, and it will cure every time. We generally swab the mouth and throat out with pure tincture, then use the diluted wash every one or two hours. Sometimes combine or alternate thuja with echinacea augustifolia in such troubles and both medicaments will act nicely. This combination will act promptly and surely, and without doubt is the best antiseptic and anti-purulent we have, and will correct depraved conditions of the system.

Baptisia tinctoria is another good antiseptic. We have used these three remedies in hundreds of such cases with advantage, and have in a few cases of oligocythemia used thuja, baptisia and echinacea with advantage, alternating first one and the other. In this disease more corpuscles die than are generated and thus causes this condition of the blood; this dissolution of the blood corpuscles is very rapid and in some cases the blood serum becomes so surcharged with the dead corpuscles that it is discolored. Hence, a general putrid condition may take place throughout the system. Tincture thuja twenty drops every three hours is indicated and will do good alternated with the other two remedies. Leukemia occurs often in hypertrophy of spleen; thuja five drops three times a day is prompt to relieve this trouble. In all such cases other remedies should be used as needed or indicated. In cancer of the uterus, when the tendency is to hemorrhage tincture thuja one fluid ounce and water three or four ounces, applied on lint to the parts and renewed every few hours will be of much service in correcting offensive discharge, which has become acrid, corroding and of dark color. Chloride of gold or chloride of gold and sodium one-fiftieth grain three times a day is of great benefit often in such cases. Iodide of arsenic one-twenty-fifth grain four times a day in plenty of water, two or four ounces, is also helpful. Extract conium, one-fourth grain acts well to relieve pain. A good wash to use in such cases is:

℞ Creosote, ʒi.
Glycerine, ʒi.
Water, ℥viii.
M.

Permanganate potassium two to four grains to one ounce of water is very good also. In impetigo tincture thuja ten drops every three or four hours is very useful.

In icthyosis, thuja five or six drops every three or four hours is of much use and a wash of thuja is also of benefit. In ovaritis, thuja, five drops three times a day, is curative with other remedies. If there is much pain during the menstrual flow, pains shooting down the legs, hysterical symptoms, alternate thuja with cimicifuga fifteen drops and other indicated remedies. Thuja is a good remedy in syphilis. In prostatitis, following gonorrhoea, thuja five drops three or four times a day will act promptly and do much good, alternated with fluid extract ergot, five drops every three hours is effective. In such cases where there is a frequent desire to urinate, a dull pain in the region of the bladder

or there are spasmodic pains in the bladder, apis mel. two drops will be very useful every three hours; tincture pulsatilla two to four drops every two or three hours is also indicated and is effective and prompt to relieve.

### ECHINACEA AUGUSTIFOLIA.

Echinacea augustifolia is indigenous in Nebraska and grows profusely near Pawnee City and in other places all over the state. It is found in other states also—Georgia, Florida and Alabama. It is a new remedy and a valuable antiseptic and alterative. The root is the part used; it is a good remedy in syphilis and also in gonorrhoea, but it is especially a valuable remedy in all stages of syphilis; it is also very valuable in ulceration of any part of the body. Locally applied and taken in doses of twenty to sixty drops internally every hour, it is prompt in alterative action.

In treating old ulcers of the limbs when there are no varicosities, it is very healing, the tincture being applied locally, diluted with water to suit the condition existing, and thirty drops of the tincture echinacea augustifolia given every three hours.

We have used it in colic, cholera infantum and cholera morbus, with advantage. Combined with dioscorea, twenty drops of each every one or two hours in colic, good results are obtained in cholera infantum, five to ten drops, with syrup aromatic rhubarb five to ten drops, according to age, every two or three hours, it is very useful.

It is a good remedy for rhux poisoning and is of great benefit in many skin diseases, diluted. It is a charming medicament for healing up pus cavities or abscesses, It is a very good wash, diluted with water, for sore mouth and throat, and for diphtheria it is a potent agent. Like thuja occidentalis it is well adapted to cases of depraved states of the blood. It is a valuable antiseptic and antizymotic in typhus or typhoid fevers. Echinacea is a positive remedy in malarial fever, for it antagonizes the poison and is powerfully opposed in its action to all gangrenous and septic tendencies of the fluids and tissues of the body. In erysipelas, locally and in twenty-drop doses internally every three hours, its alterative and antiseptic action is well marked. It is a splendid remedy and will cure or aid in the cure of typhoid fever, measles, ulcerated sore throat, small pox, boils and carbuncles, and bites of insects and serpents. Echinacea angustifolia and thuja occidentalis is the ecthol, put up by Battle & Co., St. Louis, which is a reliable and efficient preparation, as I have proven in practice.

Echinacea augustifolia is a splendid remedy in small pox in doses of thirty or sixty drops every three or four hours and locally applied, diluted, to the pustules, warm or cold to suit the feelings of the patient. It is one of the best agents to treat bites of rabid dogs. We have treated several cases of bites of rabid dogs, using tincture echinacea thirty drops every two hours or forty to sixty drops every three or four hours and applying locally the tincture, at first pure and then diluted, keeping the parts wet with the echinacea night and day. We have treated a good many bites of serpents, also of tarantulas, spiders, centipedes, with success, using it locally and in thirty to fifty and sixty drops every one, two or three hours, as needed or indicated. It certainly is one of the most valuable remedies for the sting of insects, serpent bites and the preventing and curing hydrophobia as far as I have used it. We have frequently in such cases combined thuja occidentalis and echinacea, equal parts, thirty drops every two or three hours. I treated a young man last summer who had been bitten by a mad dog on the arm, hand and shoulder. The third day after he

was attacked I gave him forty drops of the tincture echinacea every three hours and applied it diluted to the wound. The young man was very nervous and his temperature was 102°. The treatment was kept up for only five days, and about the tenth day the wound was inflamed and he appeared to be a good deal worse. We gave the remedy again for five days more and he improved steadily and had no more trouble. Several such cases as this have been treated during the past two years, and there has been no complaint from those treated. The treatment of dog bites should be continued for at least nine days, and afterward if there is the slightest symptom of rabies. Echinacea augustifolia, thuja occidentalis and baptisia tinctoria are decidedly the best antiseptics and antizymotics we have of the vegetable remedies.

## EMPIRICISM IN PSYCHIC HEALING.

By J. T. McColgan, M. D., Arcot, Tennessee.

[Continued from Last Month.]

We propose now to examine some of those methods of healing which are being exploited in various sections of the country, and we mean to do so fairly, honestly and scientifically. They all come under our definition of quack, not because they cure or fail to cure, but because they trade on a special system and claim it to be applicable to all diseases and in every subject. So they are quacks because they assume the responsibility of treating the sick without being able to give them the benefit of all the means that might be used for their cure. We will first examine Absent Treatment, which of late is being exploited by several different kinds of healers, magnetic and divine.

In this discussion I take no issue against telepathy or even Hudson's method of natural sleep absent treatment, which are based upon organic sympathism, because in the treatments discussed neither telepathy nor sympathism play any part. They are governed by certain conditions, which are wanting in the professional absent healer, and the cures attributable to his influence are due simply to autosuggestion.

We quote the following from a St. Louis medical journal, which is the acknowledged organ and mouthpiece of proprietary medicine, and could not be supposed to lend aid or comfort to any system which would lessen the sale of the nostrums from which it derives its principal support:

"Not long ago a certain institution, giving what is known as absent treatments to sick applicants, was investigated by the United States authorities on a charge of fraud. The results of the investigation disclosed that 67 per cent. of those treated declared themselves cured, 30 per cent. had received some relief and only 3 per cent. were in no way benefited by the treatment."

The number investigated, as we learn from another source, went into the hundreds and a great many informed the special agent of the post office department that they had been treated by medicines for a long time without relief. Neither were the patients confined to the ignorant classes or to hysterical women; lawyers, clergymen, business men, teachers and farmers constituted a majority of this clientele though every calling was represented. So there is no reason for assuming that the diseases were imaginary and the cures illusions.

But the above statistics while they make a splendid showing for the institution and would be a paying advertisement are really as delusive as Pasteur Institutes or those of antitoxin. Only about twenty per cent. of people are capable of producing sufficient concentration to give mandatory auto-

suggestions by the voluntary action of their wills. But just this class in a ratio of twenty to one would be most likely to apply for about such treatment and be willing to post up a fee in advance, and this pay in advance is an absolute prerequisite in every case not only from a financial but a psychic standpoint. I can select fifty cases of minor ailments where not a single one would be benefited and also fifty where there would not be a single failure. Susceptibility is entirely an individual matter and the disease if it does not involve organic changes matters very little. After a time the ratio of cures to patients will diminish to such an extent as will bring the advertising absent healer into disrepute. His very successes will result in his undoing, for many by reason of seeing them will be induced to give him a trial who are not susceptible and these failures will bring about a reaction against him.

The following case is a pretty fair example of successful absent treatment and shows conclusively that auto-suggestion is the curative agent. March the 4th, 1900, I received a letter from an old friend whom I have not seen for years. He had read reports of some cases which I had treated by psychic methods in Suggestive Therapeutics and wished to know what I thought of absent treatment and whether or not I would give him treatment by that method. He is a lawyer by profession, an atheist or agnostic in religion, rather cynical, scouts at faith, in fact having been a criminal lawyer for thirty years he has about lost faith in mankind and never had enough in women to marry one.

He says: "I have dyspepsia and chronic constipation of long standing. My liver is torpid and my kidneys are out of order. I also have a rasping hacking cough. I am always weak and averse to physical or mental action. The least exertion sets me to panting. I sleep badly and often lay awake all night. I can only get my bowels to act by purgatives and have run the whole gamut of this class of drugs together with digestive tonics, baths and blood and kidney medicines. At present I take two teaspoonfuls of phosphate of soda and a Lapactic pill at bed time, which acts, but makes me weak."

I wrote to him that absent treatment was only auto-suggestion and not dependent on telepathy or any mental influence of the healer and if he could produce sufficient bodily relaxation and mental concentration it would probably benefit him, but to disabuse his mind of any thought that I would project any mental force whatever in his direction, that my mind would be occupied in other matters while he was curing himself, I directed him first of all to take a rectal tube and thoroughly wash out his colon with at least a gallon of hot water impregnated with ox gall as a solvent for any scybala that might be in the loculi of the gut. Then to retire to a room where outside noise would not disturb him, let down the blinds so that the light would be dim, lie down and take a perfectly comfortable position relaxing every muscle as compleiely as possible. Then repeat to himself mentally: "I am feeling perfectly well—my heart beats regular and my blood circulates normally in all parts of my body. All the functions are acting automatically and healthfully and will continue so to act. My bowels will move every morning without taking any medicine. I will digest my food. I will sleep well all night. I will daily gain strength and soon be a well man." Repeat this over for at least an hour twice a day and don't permit your mind to wander to any other subject. When you go to the table eat what your appetite prompts and then don't

think anymore about it. After each meal lie down for half an hour and practice deep breathing; see how much air you can inhale and expire slowly and comfortably. Write me in two weeks.

March the 19th he writes: "I have carried out your suggestions, not fully, but as nearly as I could. I sleep much better at night, my bowels act freely every morning without any weakness as was the case with purgatives. I eat three meals a day and have only had a slight sensation of indigestion three times which passed off. I feel some stronger and my cough has almost ceased."

April 13th: "I am much improved in every way. I have not failed to have a copious healthy action since I began this treatment. I eat three meals a day, most at breakfast and have no symptoms of indigestion. I am much stronger and have lost that tired feeling. It will cure me I feel confident!"

May 6th I received a postal stating that he was just leaving now for Birmingham to attend to a law suit. "Am all right physically and mentally consider myself practically a well man, but will keep up treatment for a few weeks longer."

In the above case the experienced clinician will readily recognize a case of chronic auto-toxemia from absorbing retained feces. The colonic flushing served two purposes. It removed the source of infection and the relief thus gained by the overworked eliminants served to emphasise the suggestions and gave the patient confidence in them. By relaxation the stasis in the capillaries is relieved and blood circulates through them fresher, freer and consequently containing more oxygen. Deep breathing introduces more oxygin into the blood which converts uric acid into urea which is readily excreted, it also favors tissue metabolism as well as gastric and intestinal secretion all of which tends to emphasize the suggestion to let all the bodily functions act automatically by concentrating the attention on feeling better instead of allowing it to analyze every sensation and magnifying it into discomfort or pain. No one with any experience with suggestive treatment, but what has been at first astonished at the amenability of the bowels to suggestion, even old cases of constipation yielding readily to it. So this further inspired our patient with confidence. This confidence made expectancy (i.e. faith) dominate his automatic mind. So what at a superficial glance would seem to border on the miraculous is really the simplest and most natural thing in therapeutic science.

Now perhaps some who look only at the surface of things will say that I am defending the absent treatment quack and favoring their successes, but I am not. I am simply stating the facts in regard to it. I do not give absent treatment myself though I have refused many applicants. The above case I treated because he was known to me to be a fine subject to demonstrate that the faith element, or credulity, which is usually miscalled faith had nothing to do with the cures reported and that anto-suggestion was the real factor. Having thus reconnoitered the position of the empirical absent healer and found out the strength of his forces. The regular practitioner has only to employ his own weapons to drive him from his position. In military parlance he must turn his position by a flank movement and cut him off from his base of supplies for a direct assault on his works would not only be futile but disasterous.

The people who are susceptible to this treatment are as a rule susceptible to any form of suggestions mildly administered. They are sensitives, as Meacham says their nervous organiza-

tion works on ball bearings and respond to the most delicate touch, their nerves vibrate harmoniously to the play of the gentlest zephyr, but what in coarser organisms would only be a mild stimulant would to them be a rude shock. This explains why they are not amenable to ordinary treatment and why the homèopathist as a rule succeeds better with them than the regular and the mental healer best of all. Let the general practitioner learn to distinguish this class and give them the proper treatment instead of trying to make them conform to a routine suited to coarser natures and the empiric's occupation will be gone. You must not look for them among fools for you will find very few if any in this catagory. They are the material out of which orators, poets, painters, sculptors, mathematicians and musicians are made provided their early environment and culture has been of the right kind. They are not all found in the ranks of poesy, oratory, etc., for many a rustic Milton has spent his life between the plow handles and the divine spark never kindled. Many a Webster or Mirabeau has had his oratory crushed by the roar and rattle of machinery where he toiled for his daily bread and many a Jenny Lind has never sang anything but "Hush-a-Bye-Baby," but all orators, painters, poets and musicians who have made their mark in the world have possessed this peculiar nervous organization.

Of all empiric's the absent treatment quack is the most harmless. His treatment will injure no patient and the people who mostly apply to him are those who have been led to self medication and if he failes to cure them or break them of this pernicious habit of drugging themselves or being drugged by other quacks, he will at least give them a rest which will be worth their money. T'is true that he takes hundreds of dollars that the regular profession might as well earn, but if they refuse to treat these people as they can only be successfully treated and cling to their ancient fetish as something too dignified to relinquish, they deserve no pity aud can blame themselves rather than the quack.

## THE SCHOOLS OF MEDICINE.

By the Editor.

Although we sometimes say unkind things about our profession and the lack of its exactness as a science, yet we all know our profession, which the true physician loves, has advanced about as rapidly as other things in this great age of progress. One sign of the great advancement is the fact that different schools of practice are drawing nearer together than ever before. Formerly the practitioner of one school thought the fellow who practiced another school was either a knave or a fool; but as he watched his competitor, he noticed that he obtained some good results as well as himself, and he began to think there must be some truth in the other system. I believe the time is coming when there will be one school of scientific medicine working for scientific progress and professional advancement.

I believe the members of the different schools are practicing according to systems, which they believe to be truthful, and while I am satisfied with my own school and have my reasons for preferring it, yet I am willing to admit the meritorious claims of other schools and am glad to find the truths and aids they present and make use of them in my own practice. I believe in doing whatever advances the best interests of my patients. I have thought it would interest Recorder readers to have a series of articles on the schools by well known practitioners and thus show the reasons for

their faith. The first article is on homoeopathy, by a well known member of that school. Next month I expect to present you an article on the eclectic school, by a leader of that system; the following month the article will be on the regular school. These articles are not published to provoke criticism and discussion, as I have no space for either on these subjects; but I think the articles will show some reasoning which will be new and interesting to all.

## HOMOEOPATHY.

By Reginald Barclay Leach, M. D.,
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### THE LOGIC OF SIMILIA.

Logic is the science of the operations of the understanding which are subservient to the estimation of evidence, both the process itself of advancing from known truths to unknown and all other intelligent operations in so far as subservient to this. Similia is the art of healing the dynamically indisposed through the interposition of a drug potency of other medicament characterized by signs and symptoms the similitude or, but not the same as, those produced by the curative agency in well known persons.

The logic of similia comprehends, and by right should and does exact an understanding, knowledge and estimation of the mental, moral and material exhibition of the law of similars; or cognizance or clear and certain perception and indubitable information of similia similibus curentur.

The logic of similia exacts a comprehension of the physiologic as well as the pathologic state of man or beast (according to the domain of our practice) and a knowledge of drug pathogenesy ("known truths"); but, above all this, an understanding of the law governing the alleged ("unknown") curative and the equally alleged ("unknown") prophylactic.

The logic of similia exacts a repetition of the indicated remedy, at short or at long intervals, according as the character of the malady prescribed for (the "unknown") is of the rapidly fatal (Asiatic cholera) or of the chronic form (syphilis), as well as according to the "known" potency of the curative agency exhibited

The logic of similia should be the most instead of (as at present) the least, conspicuous daily didactic (as well as practical) demonstration of our law of cure in the curriculum of more of the institutions of learning claiming allegience to Hahnemann and to this, his greatest discovery and promulgation.

The logic of similia can be acquired in no institution, however denominated, except through the daily unfolding of the law, so that those seeking it may be brought, "not as in a glass darkly, but face to face" with visible as well as with those results insinuated in the accepted appellation of their preceptors: Homoeopathist.

The logic of similia admonishes against hypocrisy (the darkest crime next to ingratitude known to man) synonymous in the case of a non-homoeopathically instructed homoeopathic medical college with "obtaining money under false pretenses," which interpretation cannot be too quickly nor too vociferously abrogated by a suspected faculty.

The logic of similia (like any other reasoning from effect to cause) necessarily excludes double remedies (in alternation or in mixtures) and discountenances the physiologic dose, for no "proving illumines the dubious pathway of mixtures or of alternated curative potencies, and the law is never exemplified through the primary effect of the crude drug.

The logic of similia demands appreciation of Hahnemann's Organon (which is the only logical first source of similia) of his materia medica pura, and of his chronic diseases, for therein obtains as evidence for estimation, the incontrovertable proofs of the mental, moral and material exhibitions of this law, as well as those rules and regulations which, agglomerated, comprehend the law.

The logic of similia demands more living examples of homoeopathic thought and practice (according to the law of the method of cure and prevention enunciated in the writings of Hahnemann), less haphazard and crude prescribing by present day preceptors, and no encouragement for the so-called homoeopathic pharmacy that advertises "homoeopathic mixtures," which have not and cannot have any existence in fact.

The logic of similia should never be deemed by an instructor in a homoeopathic medical college as in any way possibly inimical to the best interests of said institution; and any instructor advising to the contrary should be promptly relieved from his, at least implied, obligation (and his office), and the true as well as the implied principles of that institution be at once and unequivocally announced that no prospective potion may be mistaken in its homoeopathicity.

The logic of similia can entertain in no position of truth, honor and example him whose prescriptions are but equally "homoeopathic" in principle to those of his allopathic colleagues who practice "either way;" for it is this lack of appreciation of similia more than any other one thing which makes our law the butt of deserved ridicule by those not at all responsible for and equally ignorant of its blessings.

The logic of similia demands in self-preservation a rigid adherence to the single true law for the healing of the non-surgically sick in the speediest, gentlest and most permanent manner; the diurnal delving of every student of similia into the rich stores of profound and erudite researches of the many truly great disciples of Hahnemann, and a sufficient appreciation for human life to offer only our very best, which can never include nor countenence illogic speculation.

THE PHILOSOPHY OF HOMOEOPATHICS.

Wisdom in the phenomena of similars and the basing of this wisdom upon a knowledge of the principles or characteristics of the similimum: This is the philosophy of homoeopathics. This knowledge can be acquired only by careful consideration of the theory governing homeopathy, while the constancy and conclusiveness of its law can be proven by practical application of the law at the bedside of the dynamically distempered.

It is manifestly the duty, as well as the pleasure, of all purporting to practice the healing art homoeopathically to have this wisdom, but it can be readily and thoroughly obtained only by studying (not by any mere perfunctory reading of) Hahnemann's Organon and the several commendable commentaries upon this same most comprehensive medical classic.

Undoubtedly the best of these commentaries are Hahnemann's own "Lesser Writings" and his "Chronic Diseases" as well as the works of Dunham and Bradford (all readily accessible) yet, I am led to believe, such research is not only not very generally pursued by practitioners to-day but, I am informed, such course of study is not, as it certainly should be, an integral part of the curriculum in all, as it is in a part, of our homoeopathic medical colleges. Similar neglect of the bible and its commentaries would seem as consistent in a doctor of divinity.

Homoeopathy, comprehending, as it does, the special, lawful, homoeopathic

treatment of all non-surgical (and of traumatic) diseases, is based upon demonstrated facts, as well as upon the asservations of Hahnemann and his fellow-provers, and these facts have been as incontrovertably proven as the theory of similia has been repeatedly and conscientiously interpreted and amplified by such of our eminent colleagues as Lippe, Raue, Farrington and Gurnsey, and, even later than these by our great, present-day teachers of homoeopathics—James Tyler Kent and E. B. Nash.

While "The Organon of the Art of Healing" is as susceptible of different interpretation, by equally intelligent and equally honest practitioners of homoeopathy (as to the expediency of low or high potencies or frequent or infrequent repetition of the dose) as the bible is susceptible of different interpretation, by equally intelligent and equally worthy Christians (as to the proper government of a congregation or the propriety of long or short, frequent or infrequent prayers) the philosophy of homoeopathics, understood, teaches that there can no more be a difference of opinion between two homoeopathists, relative to the only similimum, to a given case, known to each alike, than there can be, or ever is, any difference of opinion between two consecrated Christians, of whatever different creeds, as to who, alone, is the Great Physician; the only source of healing for the afflicted soul.

Thus our philosophy, not only embodies wisdom of our law of cure, but shows us that the law, while it is broad enough to include beneath its banner, similia, all who acknowledge its intent and strive to utilize the same to the betterment of humanity, is yet narrow enough to exclude, from the beneficence of its ability, all who will not abide by its principles or characteristics and practice medicine accordingly.

To thoroughly understand homoeopathy, and to administer its alleged curatives philosophically, it is not only advisable, but it is natural that we should wish to be conversant with the theories and experiences of its earliest interpreters and defenders; for, having this, we would have an insight, not only into the pitfalls which threatened them, but of the similar dangers which confront our science to-day. To know something of the contentions of such masters of our art against the same giant, expediency, which jeopardizes our position to-day, is to be, indeed, fortified against the empiricism of this "gold-getting age," this age of "playing to the galleries," this age of so-called "homoeopathic mixtures" and the influence of "cures while you wait," each a palpable competitor despite our century of honorable record. It is to realize a fact, not to inanely hope that in practicing a so-called conservatism (which robs our patients of their just dues and ourselves of a needful acumen) we will gain more friends and gain them faster; that, as the Ostrich would put it, "we have done all that could be done."

The wisdom of our earlier homoeopathists and the apparently miraculous cures effected by their infinitesimals await honorable emulation, but neither are to be obtained (and it may not be unadvisable to suggest it right here) by "loading up" with "a thousand and one" compends of empiricism (where in not an iota of the characteristics of homoeopathy is to be found) and yet not own even the very fundamentals of a science, the supposed practice of which gives us an enviable and imitable prestige. Such practice, we all know, is but too common today even with many who have liberally contributed to that bronze monument which has been erected "within the District of Columbia in honor of Samuel Hahnemann;" a monument, which however costly and or-

nate, is so insignificant compared to what would be the honor of a united school whose philosophy was his philosophy, whose law of cure is the law he first promulgated and whose practice, in all non-surgical diseases, is the same as was his practice in all similar cases.

To comprehend such philosophy as was his, implies a mental vocabulary, as it were, of drug pathogenesy, as well as a thorough knowledge of the truly physiologic, that we may draw logical conclusions as to the most probable results from our prescriptions and in making our diagnosis we should attentively observe detail, use our knowledge of the pysiologic as well as pathologic action of organs and see to it that the logic of comparison and differentiation are correspondingly, acutely and accurately developed and displayed, so that our "second natures, ' so to speak, shall be actively and automatically alert to all circumstances and surroundings, and our prescriptions, whether drugs or advice, thereby more often result satisfactorily to both patient and physician.

The philosophy of homoeopathics, demanding a thoroughly basic education in medicine as well as scientific scrutiny of the phenomena of similia, teaches, before all else, common sense; for (as will be seen in the Organon of the Art of Healing) it teaches the timely removal of foreign bodies from any part of the animal economy, the antidoting of poisons, the unition of severed surfaces, thorough asepsis of self and patient, timely consideration of the laws of sanitation and thermotics and a diet and sick room selected, whenever possible, with due regard for the wishes of the patient, tempered by the good judgment of the physician, before any internal medication is even contemplated.

Such wisdom upon the part of his physician is the right of every patient, and it is due him that, intuitively, as it were, said attendant early recognizes all probable deterrents to health, and at once attempts to combat such as come under other than therapeutic laws; for in this way all supplemental means having been considered and employed, may often-times be effected that continuous concord of molecules, which we recognize as health, and thus by exclusion, as it were, make unnecessary the previously apparently indicated drug curative.

The philosophy of homoeopathics, applied, exhibits a knowledge of similia, especially; yet, circumspectly considers all helpful adjuvants (whether discovered before the days of Hahnemann) for only by such knowledge can we positively, scientifically discriminate between the chemically or surgically or mentally and the medicinally potential prescription and thus practice a reasonable science, and accordingly, advisedly anticipate speedy, gentle and permanent cures; or, with equal assurance, anticipate and prevent disease.

"Seek and ye shall find" is the philosophy of homoeopathics, epigramatically emphasized, for by seeking to know the individuality of our remedies as we know the individuality of our friends, we learn the positive and lawful relation of the one toward the other, either as curative or as preventive, and only by such seeking shall we arrive at an intelligent understanding of dynamis, be it of drug or disease, and only by such comprehension of both may we practically, scientifically, demonstrate the phenomena of similars; for ours is a natural law, and nothing can ever alter either the law or the philosiphy of the law, which no where implies or insinuates that we are to expect aught of it but to cure, with the similimum curative, or prevent with the similimum preventive, the similarly sick or threatened sickness.

Yours very truly
R. P. Leach.

## R. B. LEACH, M. D.

Reginald Barclay Leach, M. D., was born in Dayton, O., April 4, 1861. He graduated from the New Albany (Ind.) high school, May 23, 1879, and from Dartmouth Medical College, June 28, 1883; served as assistant to Drs. Munde and Elesberg in the New York Polyclinic, to Dr. Mittendorf in the outdoor poor department of Bellevue Hospital Medical College, to Dr. William Jarvis in the New York University Medical College, to Dr. Emil Greuning in the German Dispensary, and as visiting physician to the heart and lungs and throat and nose departments in the New York Dispensary in 1883. He was surgeon of the steamship City of Merida and of the steamship Capulet in 1884, and has had practical experience in yellow fever and smallpox.

Dr. Leach is a leading homoeopathist of St. Paul and is well known to the profession of the whole country. He is secretary of the St. Paul Society of Homoeopathic Medicine and Surgery, and represented Minnesota at the recent unveiling of the Hahnemann monument at Washington. He takes an active part in the American Public Health Association and has given considerable attentien to sanitary subjects.

As a writer on medical and sanitary subjects, he has a pointed style, peculiarly his own, of saying much in a few words. Dr. Leach's contributions to past issues of the Recorder are specimens of his literary ability.

Dr. Leach recently prepared a paper on the proper disposition of garbage in large cities, which presents some new and valuable suggestions. We hope to publish this paper in some future number of the Recorder. The Insurance Herald, commenting on this paper, says in a late issue: "The paper on garbage disposal in large cities, prepared by Dr. R. B. Leach, an eminent physician of St. Paul, Minn., deals ably with the subject from a sanitary standpoint. In making approving comment on this paper, the Minneapolis Journal recently alluded to the doctor's suggestion that the time ought not to be far distant when rates for life insurance should be fixed with reference to local sanitary conditions, something after the manner of fire insurance companies which rate towns according to the favorable or unfavorable conditions for the promotion of fires."

One of the greatest efforts of Dr. Leach's life is the promulgation of the theory of the prophylaxis of yellow fever and Asiatic cholera by arsenization, to which he has devoted much research and time. Dr. Leach prepared a memorial on the prophylaxis of yellow fever, which the Hon. C. K. Davis presented to the United States Senate in 1898. The doctor is the author of a monograph entitled "Aseptic Prophylaxis of Asiatic Cholera by Arsenization." He has received encouragement in this work not only from members of his own school, but from thousands of physicians of the other schools. The British government will probably give arsenization a thorough trial in India. In a personal letter of late date to the editor Dr. Leach says:

I now have prepared a memorial on arsenization prophylaxis of Asiatic cholera, endorsed by Senator Davis in a personal letter, which I shall soon send to Lord Curzon, Viceroy to India. I hope to arouse the interest of his government, now so sadly being wasted by cholera. that I may get the chance there under government censorship (the only way such tests should be made) to demonstrate the allegations of prophylaxis so long now before the world, but only thoroughly tested against yellow fever, and then not under such censorship as would lend such incontrovertible substantiation that the scientific world will accept it.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE.

By M. G. Price, A. B. M. D., Mosheim, Tenn.

### POST PARTUM HEMORRHAGE.

A case of this character occurred in our practice a few years ago which we write of, not to shed any particularly new light upon it or to suggest any new treatment, but to impress anew upon your mind the characteristic and treatment of this pathological condition, for keep our words in remembrance, it will command every element of the physician there is in you to handle successfully this condition.

Post partum—"which being interpreted"—means after labor. Then a post partum hemorrhage is a hemorrhage occurring after labor. It may occur any time after labor within from six hours to a month or longer. If within six hours it is called primary hemorrhage; if after that time it is termed secondary hemorrhage.

The prime cause of a primary hemorrhage is uterine inertia, but this inertia or adynamia has some cause for its existance and consequently we must seek for the cause of the cause of this hemorrhage. Several are known to exist, among which we mention, great distention of the uterus from twins, etc., rapid or slow labor, feebleness of constitution, anemia, a predisposition to hemorrhage in certain women, imperfect development of the womb, neoplasms, tears, etc., yet none of these things give the clue to the cause under consideration. We suggest, without being able to trace the effect te the cause, that as this patient vomited a great quantity of bile while suffering from the hemorrhage, might not her billous condition have had something to do with bringing about this hemorrhage.

In this case there were no very marked precursory symptoms. The infant had been born after a very uneventful fashion and handed to the nurse, the placenta delivered, a la crede and the womb had contracted as hard as a cricket ball. We have succeeded without any appearance of hemorrhage when we could not discover the womb by palpation. We were busying ourselves with the affairs of the lying-in chamber for possibly five minutes, when we heard a sigh from our patient swift as the flash of an eye. We turned to her and asked, "What's wrong? Are you sick? Are you bleeding?" Her reply to the last query was: "Oh, awful." Palpating the uterus we found a soft mass under our hand, instead of a cannon ball. Anointing our hand with vaseline we introduced it into the uterus and took out at least a quart of clot. The womb contracted under the influence of this, together with a kneading through the abdominal wall. Of course, prior to all this we raised the foot of the bed and lowered the patient's head. Our medical treatment consisted of the hypodermic injection of strychnine, grains 1-16, and atropine, grains 1-60; while granule after granule of glonoin, grains 1-250, were absorbed from the tongue after being crushed in the teeth. In the interval we put in the bowel one half gallon normal salt solution. We had given one drachm of the fluid extract ergot at

the close of the placental stage of the labor. One important point in the history of the case is that the uterus persisted in relaxing after we had caused contraction by the means suggested several times. Finally we introduced a piece of cloth saturated with apple or cider vinegar procured from the kitchen. After this contraction was firm, but we had symptoms during this fearful ordeal that were calculated to unnerve the most stalwart. For an hour the pulse was lost at the wrist, on ausculting the heart the second sound was audible; the poor dying woman said, in a hollow sepulchural tone, "I can't see you, I'm almost gone; pray for me." But she did not die, to our infinite relief, and the great comfort and the satisfaction of both patient and family. Our remedies supported the heart until the bowel took up the saline solution and she was saved.

There are many other things that could have been done and many other remedies that could have been used, but this was what we did and it saved the patient, the great desideratum.

Doctor, whatever you do, do it quickly; don't stand on the order of your going, or your patient is lost.

### SUMMER DISEASE — ITS PREVENTION AND CURE.

Apropos to our last month's article on summer disease, we wish to say: that indigestion usually precedes diarrhea, and too frequent feeding either by breast or bottle is commonly the underlying cause of infantile indigestion. Heat, too, is a potent cause of this malady. In the following table you will observe that the heat is higher in July and we have more deaths in the city taken, than in the other months mentioned.

| | Deaths. | Temp. |
|---|---|---|
| June | 220 | 67.45 |
| July | 914 | 75.92 |
| August | 446 | 73.22 |
| September | 319 | 66.99 |

Much might be done at home to prevent children from taking this disease.

The milk should be boiled or pasteurized as soon as delivered in the morning, then properly diluted or modified and placed on ice ready for use.

In general a bottle-fed baby should have a less amount of food and in greater dilution in very hot weather.

When it is necessary to withhold milk for any length of time, we must give other food. The most satisfactory and most easily procured is egg water; the white of an egg is stirred in half a glass of cold water. This is pure and easily assimilable albumen water.

Equal parts of barley water and milk are more easily digested than plain milk and water.

Medicinally we have had splendid results from bisol and listerine, 2 grs. of the former to a half dr. of the latter every three or four hours. The diarrhea and vomiting were checked in a most remarkable and satisfactory manner.

Bisol is a new product of the pharmacy of C. Bischoff & Co., of New York, and is bismuth oxide 20 per cent. combined with phosphoric acid and soda, and is perfectly soluble in water, a great advantage over the older forms of bismuth.

## ALKALOIDS.

By Floyd B. Ernnist, M. D., New York.

I have only been practicing a short time and cannot go into alkaloids as deeply as older brethren, but what I have used have given me great satisfaction. I am slowly gaining the reputation of a doctor who helps and cures his cases, and does it quickly. My medicines seem to take hold right away. It is a pleasure to me to practice when I can sit at the bedside and

observe the effects of my medicines within a few moments.

I have had excellent results from caulophyllin, strychnine and hyoscyamine, administered together in capsule, every half hour, in three labor cases, with strichnine arsenate, gr 1-30, given for a month previous to labor. It is a great relief not to fear hemorrhage and to see those get in their regular work, giving a woman a chance to regain her powers between the contractions. It beats the forceps.

I have also had astonishing results in tonsillitis, fresh colds (they never get beyond "fresh" in my own case, since I got hold of the trinity and saline laxative, with coryza compound), bronchitis, intestinal fermentation, tuberculosis, etc. In fact, a real estate man, whom I cured of a severe attack of tonsillitis in about twelve hours, with only one call, by administering every hour one each of calcium iodide, gr. 1-3, nuclein, m. 2, and calcium sulphide, gr. 1-6, with some calomel and salts. stopped me in the street next day and said if I ever wanted to put up that medicine or anything like it on the market he would back me for all the money I required to "boom it." Of course I assured him immediately that "I wasn't built that way."

I presume it is superfluous to add my testimony to the thousands of others of the way in which the Abbott Alkaloidal Co. supplies such excellent drugs at so reasonable an outlay. Their alkaloidals are reliable and give satisfactory results.

## PICROTOXIN.

Picrotoxin has been used in cases of epilepsy occurring in debilitated and anemic individuals (Planat, Cornet, Hurd and Hammond). Dujardin-Beaumetz has obtained good results in alcoholic epilepsy, but, as he remarks, this epilepsy is often cured spontaneously.

The remedy is also useful in the other neuroses—eclampsia, chorea, tetany, infantile convulsions and those from uremia. Planat obtained satisfactory results by its use. Picrotoxin in medicinal doses has anti-convulsive properties from its action on the medulla, the epileptic focus or the modus epilepticus, according to Brown-Sequard.

Gubler has employed it in this paralysis on account of its medullary action. He obtained marked amelioration, lasting some time.

Tschudi has witnessed good effects from its use here.

Bartholow reports successes in the treatment of the tremors of chronic alcoholism, and the nervous headaches of females at the menstrual epochs, Jacobi cites three cures.

Bartholow believes this drug may be useful in intestinal torpor due to insufficient secretion and a paretic state of the muscular tunic.

According to Prof. Burggraeve the vermifuge properties of picrotoxin justify its employment in the chronic convulsions of helminthiasis.

Murrel recommends picrotoxin in hectic sweats as an anhydriotic superior to atropine. Senator prefers it to the latter because it causes no dryness of the throat nor any other ill effects. He obtained favorable results in twenty-six out of forty cases.

Doctor Paulet, of Plancher-les-Mines, in a recent paper recommends the association or the bromides with pilocarpin in the treatment of epilepsy and the different forms of hysteria.

This drug has often been employed in parasitic diseases of the skin, and especially pediculosis. It formed part of ointments and other therapeutic applications; but this mode of applying it is but little used at the present time.

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

DIPHTHERIA ANTITOXIN—IS IT DOOMED?

A physician need not have been in practice many years, before he has seen new methods of treatment arise, come into general vogue and sink back into oblivion· Medical history of recent years is full of the story of therapeutic fads, new remedies at first received with cautious reserve, then praised to the skies by enthusiasts, boomed by doubtful statistics, advertised by manufacturing chemists, until physicians the world over accept them and persuade themselves into a belief in their great value. Reaction follows sooner or later. Doubt arises, statistics are examined closely, clinical reports looked into critically, strictly scientific methods of investigation brought to bear, with the result that the new remedy is cast down from its high pinnacle, limited to a restricted sphere or thrown altogether onto the rubbish heap. Is this to be the fate of the Diphtheria Antitoxin?

While the medical world bowed down before it, the medical press from all quarters of the globe was filled with glorious accounts of brilliant results and the reduction of mortality, every medical society was being treated to papers on antitoxin and reports of cases treated by it, there was an undercurrent of opposition against it. Some of the opposition came from authoritative sources. The Medical Brief has maintained unremitting warfare against antitoxin. It is true that many opponents were moved more by emotion, than by scientific thought, e. g. when they took the undignified stand that antitoxin being of foreign birth and importation should be rejected by patriotic American physicians. A political sentiment hardly broad enough to be applied to medicine.

But thoughtful criticism is on the increase. This is plainly to be seen in the proceedings of a meeting of the Medical Association of the Greater City of New York held on April 9th. 1900. John Blake White read a paper on the Diagnosis and Treatment of Diphtheria in which he voices strongly his own opposition against the use of antitoxin and tells that the treatment is being discredited in France, that the learned bodies in Moscow have denounced its fallacy and that according to the British Medical Journal the weekly mortality in Paris from diphtheria shows a steady increase over previous years, notwithstanding the fact that antitoxin is universally used. The discussion was taken part in by such men as Chapin, Brannan, Winters, Berg, Herman, Rupp, Weir, Rose. There were some enthusiastic defenders of antitoxin, but the majority were sceptical, if not positively antagonistic. It was brought out that such authorities as Epstein of Gottingen and Monti of Vienna have come to the conclusion that antitoxin is of no value. The claim that a diagnosis of diphtheria must rest entirely on the presence of the Klebs-Loeffler bacillus was called fallacious and the justification of a diagnosis from the clinical picture alone admitted. That is precisely the position Professor Virchow took about five years ago, when treatment by antitoxin was first brought before the Medical Society of Berlin and led to heated

and prolonged discussion. It agrees also with the conclusions arrived at by Kanthack, professor of pathology in Cambridge University, and a number of other observers.

Should the scientific world ultimately reject the diphtheria antitoxin, then serum therapy in general would be much discredited, especially since another serum, the tetanus antitoxin, of which much was hoped has been found wanting.

### MEDICAL DEFENSE UNION.

The question of mutual protection against malpractice suits, brought out by the Northwestern Lancet and to which the Recorder, believing it one of great interest to our profession, devoted some attention, was made one of the topics of discussion at the recent meeting of the Minnesota State Medical Society, receiving much favorable comment. As the matter is now in the hands of some of the most energetic and practical medical men of the North Star State, we may confidently expect to hear shortly of the organization of a union. Such an organization is sure to secure a good membership.

### A NEW METHOD OF ANAESTHESIA.

Intraspinal injection of cocaine has been tried. Tuffier gives in La Semaine Medicale, May 16, 1900, a report of his experience with it in sixty-three cases. Of course, he is very enthusiastic. His method of procedure is simple enough so that it would seem that any physician might use it. But we can readily conceive of considerable difficulty, for the cocaine solution must not be injected until an escape of cerebro spinal fluid follows the puncture by the hypodermic syringe. Only one cubic centimeter of a two per cent. solution is needed to produce anaesthesia, lasting from one hour to an hour and a half. Among Tuffier's sixty-three cases was a number of major operations, such as resections, amputations of leg and thigh, nephrotomy, vaginal hysterectomy, extirpation of rectum, hernia and appendicitis. Tuffier met no serious complications, although he saw oppression in the epigastrium, anxiety, nausea, vomiting, headache, sweating, rapid pulse, tremor of legs, symptoms which most physicians would consider alarming enough. Dr. Wm. E. Lower, of Cleveland, records a case of diabetic gangrene of the leg, in which, on account of the great quantity of sugar in the urine, the age of the patient (sixty-four) and the very marked arteriosclerosis present, it was deemed advisable to amputate under local anaesthesia. He used a cocaine solution of the strength of one-fifth of 1 per cent. for intraspinal injection. In three minutes complete anaesthesia resulted and the amputation was performed without any shock whatever. Wider experience with the method is needed before it can come into general use.

### TREATMENT OF OPIUM POISONING.

Permanganate of potassium has been shown by laboratory test to be a complete antagonist against opium and its salts. From a long line of clinical experiences, as well as experiments which he courageously performed on himself, Dr. Wm. Ovid Moore has deduced rules for the use of this antidote on man, which he lays down in an article in the Indian Lancet. The permanganate is always used in a solution of one grain to one ounce of water. One grain antidotes one grain of morphine, or ten grains of opium, or one drachm of laudanum or deodorized tincture. Ten grains or more of permanganate act simply as an emetic. If the patient is comatose and cannot swallow, the remedy can be given by means of a stomach tube. When the amount of poison taken cannot be estimated give eight grains of the antidote every half hour.

# The Wisconsin Medical Recorder.

*A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.*

**J. P. THORNE, M. D., Editor.**

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**Letters, Case Reports** and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received


We probably make more gummed labels for physicians than any other house in the country so that we are in a position to say something of their manufacture and care. Sometimes we get orders to send labels at once by return mail; anyone knowing about the printing of labels, knows that this is impossible. We usually fill label orders in two weeks, sometimes a little shorter or longer time, according to the amount of work on hand. The labels are printed in large forms, so that many different orders are printed at the same time; this is the reason we make such low prices on labels, as the press work is no more on twenty-five different labels than on one. In making the labels the paper must be prepared for the press, the printed matter set, the proof read and corrected, the press work done and then the sheet of labels cut and the labels trimmed and tied together; then they are brought into the office for mailing. We test all the gum paper we use, in regard to its adhering qualities and its possibility of blocking together. We keep samples of every label sent out, so that we can at once look up any order and see the quality of the labels sent out. Sometimes labels are returned to us, all stuck together, and we find we have perfect samples of the same labels in our office. This shows the labels have either been kept in a damp place or been dampened in the mails. Whenever you receive a lot of labels from us, you should examine them when received, and if not all right return them to us and we will replace them. We guarantee all our labels to be right, and if they are not we want them back again. However, it is not the proper thing to return them after six months or a year, as this gives us no opportunity to place the blame where it belongs. Gummed labels, no matter how good, will stick together if kept in a damp place. We make labels of all kinds at the lowest possible prices. Whenever you need labels, doctor, remember the Recorder and send in your orders, with the assurance of good work, good material, a guarantee to replace defective labels if promptly returned. We hold ourselves responsible for their safe delivery and we make good any losses or injuries occurring in the mails.

We are pleased to state that the New York School of Clinical Medicine will not be discontinued, as previously announced. It has been decided to continue the work of the school, and the places made vacant in the faculty by the members who left have been filled by teachers of ability. Dr. Marcus Kenyon has been elected secretary and can be addressed at 328 W. 42d St. on matters relating to the school. The manner of teaching pursued by the school is the ideal one, viz: Clinical instruction in small, limited classes. We are glad that the dissensions in the management of the school have been removed and that the good work of the school will be harmoniously continued. The work of the school is entirely post-graduate and the class of each professor is, as before, limited to four members.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Keep out of debt and be happy.

Keep your gummed labels in a dry place.

Do not miss the combination offer of the Reeorder and Self Culture.

What is the future of anti-toxin? Dr. Speier's article this month is suggestive.

Read the Recorder through every month and be up-to-date in medical matters.

Read Self-Culture every month and keep informed on general literature and the events of the times.

Always remit by one of the safe methods, registered letter, express or postal money order, or draft. Do not risk losing your dollars.

The degree of doctor of laws has been conferred by the University of Michigan and Dickinson College upon Dr. Lewis Stephen Pilcher, of the Methodist Episcopal Hospital, of Brooklin, and editor of Annals of Surgery.

Any physician wanting a copy of Dr. Nibblett's book on smallpox, by sending 35 cents to the publisher of the Recorder can have a copy by return mail, postage prepaid. If not satisfactory, return the book and get your money back. Send at once, as the edition is limited.

Dr. J. T. Hickerson, of Saline, Mo., writes us as follows: "I have used a number of effervescent salts, but Abbott's saline laxative is the best of all."

Abbott's saline laxative is a chemically pure magnesium sulphate. It is advertised only to physicians. Professional indorsements from many sources evidence the fact that it is an ideal laxative or carthartic. For the general practitioner, its all-around usefulness cannot be over-estimated, and for the specialist there is nothing like it. A sample will be sent on request by the Abbott Alkaloidal Co., Chicago.

The Antikamnia Chemical Company has forwarded to us from its London house, No. 46 Holborn Viaduct, samples of its five-grain antikamnia tablets, and also of antikamnia and codeine tablets. The former are so well known that it seems hardly necessary to do more than refer to them as an unequalled analgesic. The antikamnia and codeine tablets contain four and three-quarters grains of antikamnia and a quarter of a grain of codeine. This is a valuable combination, the synergetic effects being all that could be desired.—Extract from the Dublin Medical Journal, March, 1900.

Dr. D. E. Bowman, professor of obstetrics in the Toledo Medical College, Toledo, O., (American Medical Compend, July, 1900) states that in acute catarrhal conditions of the intestine if the case is seen early and nature's efforts are assisted by thoroughly eliminating the offending material from the stomach and bowels,

the illness will be of short duration. If, however, the irritating undigested mass is not thrown off there results increased peristalsis and toxemia, with marked increase of secretion and copious frequent serious discharges. This is simply a transitional state of the first condition, but if not properly treated the excessive drain upon the tissues will be attended with rapid emaciation. It is in this state that antiseptics and astringents are urgently indicated. Among these the author directs special attention to tannopine. After elimination of the toxines by means of small doses of calomel, he employs tannopine to restore the tonicity of the relaxed intestinal mucous membrane and to check the excessive mucous or serous discharges. It was found to act promptly and efficiently for this purpose, being well tolerated and entirely free from irritation.

Dr. W. H. Vail, of St. Louis, in an article on Indigestion and its Treatment summarizes the physiological action of Dr. Becker's compound digest as follows: It emulsifies fats. It hydrates and converts albuminoids into peptones. It converts starch promptly, producing maltose. It peptonizes cow's milk rapidly, the curds obtained being soft and flocculent. It acts directly on the stomach, giving energy to the secretion of the gastric juice. It is a potent antiseptic, and prevents fermentation from arising in the stomach and intestines. It can be given in conjunction with other antiseptics without loss or diminution of its digestive effect. It exerts its peculiar digestive ability at a wide range of temperatures. Its activity is increased by the fluids of the body.

We know of severe cases of epilepsy, which were cured by Dr. Towns' treatment. Any physician having such a case would do well to correspond with Dr. Towns. Frank Jenkins, of Chippewa Falls, a well known resident of Wisconsin, writes under date of June 1st., 1900:

I have been entirely cured of epilepsy, by Dr. W. Towns, of Fond du Lac, Wis., by whom I was treated for about one year. Those who know me are aware of the suffering I endured prior to 1875, since then there has been no return of my former terrible afflictions. I take this method of expressing my heartfelt gratitude to Dr. Towns for the relief he gave me and my permanent restoration to sound health."

Dr. Towns will advise any physician desiring it so that he can treat his epilepsy cases successfuly.

A. L. Benedict, M. D., superintendent of ethnology and archaeology, writes us: The Pan-American Exposition has seen fit to entrust the department of ethnology and archaeology to a practicing physician. I should be very glad if you allow me to reach the readers of the Recorder with the following request for assistance:

Many members of the medical profession are interested in the study of American Ethnology and Archaeology and not a few have valuable collections of Indian relics and skeletons from Indian graves. Those not directly interested in this study are so circumstanced as to be aware of the hobbies of their neighbors and could doubtless furnish the address of collectors. I should be greatly obliged for information and for the loan of collections for the use of this department of the exposition. Exhibits which represent study in some special line of American ethnology and archaeology will be particularly suitable.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

## MEDICAL LAWS.

Allow me a word in reply to Dr. De Armand's article, entitled "Medical Laws," in the July number of your journal. The too evident fact that the medical laws in the various states are faulty and do not accomplish the object aimed at, is no reason why all law should be abandoned.

Proper medical laws are needed for the good of humanity as well as the profession. No person has any right to undertake the treating of the sick until he is able to make a diagnosis and has authority to sign a death certificate.

In my opinion, we need a national medical law to regulate the practice of the healing art for a compensation. Let us do away with the term, practice of medicine in this law. Require all to have as thorough knowledge of the human body in health and disease, which can only be obtained by the scalpel and microscope, as possible. Have the requirements for physical diagnosis, in fact all branches not strictly therapeutical, the same to all.

Let us be candid and thoughtful in all things while we are about it. High ideals are right and proper, but they are not current here. We have to have cash to live. Where we are we to get it, if not from the practice of our profession?

Nor can I see the need of cheap schools; the general public, as well as the profession at large, would be better off if one-half of the medical schools were closed. Cheap schools tend to make cheap doctors and extremely low fees are a detriment to any community. To let matters alone, with the expectation that they will right themselves in time, is not part of our professional training. Hence, I would like to see more discussion in regard to this matter.

F. R. Hyslop, M. D.,
Whitewater, Wis.

## THE TREATMENT OF CATARRHAL CONJUNCTIVITIS.

Either as it appears as a simple catarrhal inflammation of the conjunctiva, affecting one individual or when it is encountered in an epidemic, there is no doubt but that catarrhal conjunctivitis is an affection of great importance. This affection is essentially simple, but if allowed to go along without correct treatment it may terminate in entire loss of vision. However, if the affection be given proper and timely attention, it yields with great readiness to treatment.

Either as simple catarrhal conjunctivitis seen in a single individual, or when the affection manifests itself in the epidemic form, the treatment is essentially the same. Of course, individual peculiarities in each case make certain indications fitting and even imperative. One thing which a large experience with the disease has taught me is, that prompt and systematic treatment must be instituted in every case. Often patients with strumous diathesis will have chronic conjunctivitis, and persons whose health is poor will also have protracted forms of the affection, with the loss or great impairment of sight, when if proper and timely treatment had been instituted a cure could have been effected within a very short time. In the treatment of catarrhal conjunctivitis there have been many mischievous measures brought to bear.

All and everything which produces irritation will render all the elements in the case worse. We must never employ strong solutions. A lotion composed of ten grains of sulphate of zinc to an ounce of distilled water will aggravate any case. All lotions must of necessity be mild and soothing.

As a curative means I have come now to rely on what I term the antiseptic treatment. This has been productive of better results in my hands than the old-time remedies.

In carrying out this treatment I first have the nurse to bathe the eyes thoroughly with this antiseptic mixture:

℞ Hydrozone, ʒj.
Aqua, q. s. ad ℥iv.

This mixture is used three or four times daily, as the case may appear to demand. Just as often as this mixture has been copiously applied and the eyelids have been dried, I apply by means of an ordinary glass medicine dropper two drops of Marchand's eye balsam.

This remedy reaches every part of the conjunctiva by the movements of the lids, and it is not irritating; the patient generally makes rapid progress to recovery.

By this treatment I have found my patients to recover in from thirty-six hours to three days. In fact my success has been such that I now rely upon this treatment entirely in this affection.

Four months ago an epidemic of catarrhal conjunctivitis broke out in a boarding school. I was called and ordered these remedies used on every case that presented itself. The nuns told me that all the cases got well speedily.

Mr. Samuel S., age 39. This patient had been suffering, as he put it, with "sore eyes" for three days. It was a simple case of catarrhal conjunctivitis, but gave him great discomfort. On the treatment described above he entirely recovered in two days.

Mrs. Laura S., age 22. This patient thought she had something in her eye, but examination revealed catarrhal conjunctivitis. On this treatment she made a speedy recovery.

These are only two of the several hundred cases treated on the antiseptic principles.

MILTON P. CREEL, M. D.,
Central City, Ky.

## MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Attention is called to the twenty-sixth annual meeting of the Mississippi Valley Medical Association, which will be held Tuesday, Wednesday and Thursday, October 9, 10 and 11, next, at Asheville, North Carolina, under the presidency of Dr. Harold N. Moyer, of Chicago. At a meeting of the executive committee, held at Atlantic City, June 6, the following were chosen to deliver the annual addresses: Dr. I. N. Love, of St. Louis, the address in medicine; Dr. C. A. Wheaton, of St. Paul, Minn., the address in surgery. The mere mention of these names is guarantee sufficient that the association will hear only the best. Negotiations are in progress by which members of the association may obtain a one-fare rate for the round trip for this meeting. The Southeastern Passenger Association has already granted this rate, and it is believed the Western and Central Passenger Associations will concur.

It is earnestly requested that those desiring to read papers will send their titles to the secretary within the next thirty days. It is also requested that a synopsis of the paper of not less than twenty-five words accompany the title.

The association will not be divided into sections at this meeting. The headquarters will be at Battery Park

Hotel, at which place the sessions will be held.

Those who will read papers are requested to hand them to the secretary —typewritten—for the use of the publication committee.

HENRY E. TULEY, M. D., Secretary.
111 W. Kentucky St., Louisville. Ky.

## TREATMENT OF INSOMNIA.

Writers on sleeplessness have laid great stress on the statement that this affection per se is not a disease, but a symptom merely. From a therapeutic point of view this is quite important, but the great trouble is that it is not always possible to discover the cause for this trouble.

It is self-evident that when we are called upon to treat a case of insomnia we must make every effort to discover the cause and to treat the latter. Sometimes we must treat both, and more frequently in spite of a thorough physical examination no organic disease can be detected. In such cases there remain but two things to do, first to regulate any faulty methods of living and to see that all physiological functions be normally performed and treat the insomnia itself, for if there is anything to undermine the patient's even robust constitution it is that terrible affection.

The methods of treatment at our command are threefold, viz.: (a) mechanic, (b) dietetic and (c) medicinal.

Among the mechanic remedies most prominent are massage, regulated exercise and hydropathic measures.

A large book could be filled with suggestions how to apply these therapeutic agents, but the reader no doubt is more or less familiar with them, and besides the subject could not be satisfactorily disposed of in a short article.

Diet frequently aids in the production of sleep, or at least to overcome sleeplessness, but it must be remembered that it can but aid us for to rely on dietetic advice alone, a few "drugless" cranks to the contrary notwithstanding, means to do next, to nothing for the patient.

The diet should be light and nutritious. Fruits are very useful. Nuts should be freely used. For patients of a rheumatic or gouty diathesis, meats should be prohibited. A strict milk regimen, to which occasionally eggs, bread and butter and vegetables may be added, should be tried for a week.

But drugs, after all, will have to be depended on to insure success.

Here I can sound but one word of warning: No opiate and drug which, if administered for a more or less prolonged period induces a habit or otherwise becomes obnoxious to the patient. It goes without saying that harmless drugs only should be used.

The question is, have we such in our pharmacology? I believe, from my limited experience in six cases, I can say to the profession, we have.

But recently I had a case of arthritis deformans in an elderly lady against which malady, it having been far progressed, very little could be done, save to alleviate the sufferings by massage.

The patient complained of prolonged sleeplessness. Hydropathic measures, diet and a glass of beer before retiring were tried for a week without perceptible effect. The woman begged for an opiate, a drug which had been given her by another physician a month or so ago. I gave her a little sugar of milk, to which I added a trace of quinine—told her it was a morphine powder, to try the psychic effect—but my hypnotic powers left me. The woman would not sleep.

I then gave her tinct. passiflora incarnata (Daniel's), a bottle of which I had on hand, and to my great surprise was told by the patient the next morning that she had enjoyed six hours of

natural sleep, and her sensorium was free. There was no headache or mental depression.

The patient took the medicine for a week with the same effect.

Similar results were obtained in about eight cases of insomnia, due to a condition best described as neurasthenia or cerebro-spinal exhaustion.

That other conditions and symptoms besides sleepnessness call for therapeutic measures, goes without saying.

GUSTAVUS M. BLECH, M. D.,
Chicago, Ill.

## ACNE DUE TO GENERAL WASTE.

Mrs. B , a pale blonde of 26, came to see me for a cachectic acne, with which she had suffered several years. Her nourishment appeared below par and she steadily and slowly decreased in weight, complaining of lassitude and a general feeling of being unable to get about as she should. She was given the regular treatment for acne, which I am in the custom of using, but it did not seem to produce a desired effect. Deeming that an improvement in her nutrition and assimilation would exercise a beneficial effect upon her cutaneous trouble, I ordered the following:

Cord. ol. morrhuae comp. (Hagee), ℥xvi.

Sig. Tablespoonful, after each meal and at night.

In one week she reported a net gain of four pouuds and the eruption was in better condition, so much so that the effect of the cordial was patent. From inquiry I elicited the fact that the appetite had increased, assimilation was better and a general sense of comfort had replaced the bad feeling which had formerly prevailed. At the present date, three months ,after the inception of the treatment, my patient weighs thirty-six pounds more and is rid of her acne.

I have used Hagee's cordial with uniform good results, and it is without doubt one of the best reconstructives now offered to the profession.

A. H. OHMANN-DUMESNIL, A.M., M.D.
St. Louis, Mo.

## SHALL THE PHYSICIAN DIVIDE THE FEE WITH THE SURGEON?

When a wealthy neurasthenic from some of the large business concerns of a city consults a surgeon, one who has carved for himself a great reputation, on examination finds a case of nerve exhaustion, due to over-work or worry; seeing that the case is not in his line and that he is not in the condition to give the proper treatment, but one that should be under the management of some intelligent, rival physician, he refers him to Dr. A., of B., a small town some distance in the country. The patient is informed that Dr. A. is a man of ability and possesses every facility for the treatment of such a case; an abundance of fresh air, a good team and buggy to drive him around, ample time, inclination and patience to combat his fobies; will be delighted to regale him with interestesting stories, to divert his mind from his many ailments and business cares, to answer the hundreds of questions that he will want to ask about himself, to explain the reason for the migratory pains, peculiar sensations and strange feelings in the head, to explain why his water is sometimes colored and at others clear, and will be pleased to clear up the mysteries of the varied colors of the feces. He will see that the apartments are cheerful and healthful and that a proper quantity of well-cooked and easily-digested and nourishing food is regularly taken and that all the organs are acting to the

end that good, pure, rich blood will be furnished from which to replenish the exhausted nerve fluid; will also see that the proper nerve tonics and reconstructives are administered. He is also informed that in two or three months under the skillful management of Dr. A. he can expect a complete return of health. This, he is informed, will require a great deal of the doctor's time, as well as the exercise of great tact, patience and skill. But his fees will be reasonable, perhaps not to exceed a hundred a month. Should this advice ever be given by a surgeon to a patient of this kind, which is not at all likely, we can see nothing unethical in the doctor dividing the fee with the surgeon. The facts are that when a patient of this kind consults a surgeon, he looks him carefully over to find something upon which to operate, or at least an excuse for sending him to the hospital. If he finds nothing, which is seldom, he sends him off to some springs or sanitarium where he can meet with plenty of others similarly afflicted, with whom he may indulge the propensity for discussion of his many ailments, which materially lengthens the duration of the disease, or may entirely preclude the possibility of recovery.

Reciprocity between the surgeon and doctor is like the fable of the lion's feast, the tracts all go one way.

The writer speaks from personal experience.

W. L. Capell, M. D.,
Omaha, Neb.

## SOME THOUGHTS.

### EPSOM SALTS—GUAIACOL.

Dr. Wm. H. Burgess, writing to the Alkaloidal Clinic of March, 1900, speaking of a tumor on a woman that had resisted treatments of different kinds, says: "The tumor persists, though not so sore or painful. I thought that epsom salts solution, 1 to 16, applied and calcium sulphide internally might cure it and it has improved considerably. I discovered some time since that epsom salts solution applied to a scar removed the cicatricial tissue in a few weeks or days. I used one teaspoonful of the salt in four ounces of water applied three or four minutes every day. I was in the mountains last summer and had nothing else to kill chiggers (bed bugs) and used the solution in that way. It is a fine bugicide. But I was surprised to see the mark of an axe on my leg that I had carried for fifty years vanish almost entirely. I have tried it in many cases and it takes away the scar. So I thought that as cancer often arise in cicatricial tissues that it would do good and have been using it for that purpose also."

The above may be useful to the ladies in removing blemishes caused by small wounds about the face and also on the hands and arms. The strength of the preparation is, "1 to 16," (this might deter a republican from trying it). Also it leaves no sequelae.

He writes in the Medical Summary: "Did I tell you how I found the anti-fat remedy? Last summer I was up in the mountains and met a reverend gentleman. I noted that he had grown very fat and so short-winded that he panted on very little exertion. I told him what I knew about epsom salts and directed him to sponge his whole body night and morning with

Epsom Salts, one part—one ounce.
Water, sixteen parts—one pint.

(By the way he votes the goldbug ticket.) Also to take a teaspoonful of the same three times a day. His weight was then 238 pounds. I saw him six weeks ago (May 15), and he weighed 198 pounds, his normal weight; sixty pounds reduction in eight months. He is strong and active, feeling well every way. He told

me he followed directions strictly and improved from the start."

If any of the Recorder readers have cases of ciliary, muscular or other neuralgia rub into the skin over the parts gently, five or ten drops of guaiacol (Merck). The pain ceases immediately. I was led to try this remedy by a remark made recently in Medical Journal that if ten or fifteen drops of guaiacol were gently rubbed into the skin of the abdomen over the womb it would stop almost immediately the spasmodic (neggling) pains and cause them to become more steady and lasting without suffering. I have used it since last February in a number, some fifty odd cases and varieties, with success every time.

BEN H. BRODNAX, M. D.,
Brodnax. La.

## SMALLPOX AND YAWS.

An excerpt from the Virginia Medical Semi-Monthly, entitled "Yaws and Smallpox," written by R. L. McMurran, M. D., appears in the Modern Medical Science, April, 1900, page 589. I do not refer to this for the purpose of criticism, but merely to bring to the minds of the profession the great necessity for investigation; for, as Dr. McMurran says, "a great many cases which have been diagnosed smallpox may not have been smallpox," and as I have been engaged for quite a while collecting, comparing and compiling material for my work on smallpox, which I now have printed and is ready for distribution, and as in my labors I have secured letters from most of the states and territories on this disease (smallpox), I thought a short article at this time might be of some interest to the readers of the Medical Recorder.

I have never had any experience with frambosia or yaws. The word frambosia is French, and means in English, raspberry or resembling a raspberry or strawberry. In the winter of 1898–99 I treated and prescribed altogether in about eighty cases of smallpox, or as such I diagnosed it. My knowledge on yaws is limited, as on most other subjects, but from the best light I have been able to procure I cannot see why any physician of ordinary intelligence on the subject could think of calling yaws, smallpox, or calling smallpox, yaws.

Had the members of the profession been up to a sense of their duty, as we should have been, and could have been, the ravages of this loathsome disease, when it made its advent into the United States, would have been speedily annihilated. But some of the doctors called the disease smallpox; some called it Manila itch; some one thing and some another. Hence the army of medical men was divided and the enemy took advantage of the situation and rushed into us and has destroyed many thousands of our American flock, and the disease is still spreading from Maine to to the Philippine islands, and from Cuba to the frozen regions of the north.

Dr. McMurran did not give any of the diagnostic points of difference between yaws and smallpox, so I will proceed in this connection to give a few points: First, the irregularity of the appearance of yaws would disbar it of suspicion. Second, the size of and the color of the eruption would not do for smallpox. Third, the succession of crops doesn't answer for small pox. Fourth, the eruption is never all over the subject at the same time in the same stage, and rarely all over the person at any time. Fifth, its time of incubation differs from smallpox. I could give many more points from some of our best authority, but let this suffice.

S. W. H. NIBBLETT, M. D.,
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## LEADING ORIGINAL ARTICLES.

### CHANCROIDS WITH PHAGEDENA.

By A. V. Hinman, M. D., Youngstown, Ohio.

CASE REPORT.

Patient was a female, white, twenty years old, prostitute, apparently with a good constitution for physiological resistance to disease. She had an attack of the measles and was attended by Dr. K—. At the doctor's last visit during convalescence, he was requested to examine the pudendum and ascertain the trouble there. He did so and discovered chancroidal ulceration present and proposed to cauterize with fuming nitric acid. This was objected to by patient's sister for various reasons and the doctor lost sight of the case. A week later, patient was taken to City Hospital on certificate of charity authorities but was refused admission and returned to her rooms. In my work as city physician, the case was referred to me for treatment. I saw the case first on June 13 and upon examination found very extensive chancroidal ulceration. Phagedena had set in and the appearance of much of the affected surface was black, with the characteristic cadaverous odor permeating the apartments which was disagreeable in the extreme. There were no fever, no pharyngitis other than a little which quickly disappeared upon the discontinuance of cigarettes, no mucous patches, no inflamed glands movable upon palpation, no induration about the ulcers, no serous discharge from the ulcers but rather a light greyish pustular discharge. Hence, I concluded to exclude syphilis in the diagnosis.

I learned that during the attack of measles, the patient had lain some days in a horizontal position upon her back most of the time. Suspecting that gravity would thereby bring the pustular discharge into contact with the spine and buttocks, I made an examination in accordance with this suspicion and discovered a large deep black ulcer about two inches in diameter situated posterior to the anus and directly over the sacrum. There were also numerous small ulcers of various sizes and depth on the inside of the thighs and on the perineum. The inside of the thighs was of a blackish blue color showing a tendency there also to sloughing. The patient's condition of weakness due to the measles would not warrant cauterization over the large surface involved without

anesthesia and for the same reason I feared to give a general anesthetic. Local anesthesia with cocaine suggested itself to my mind. However I did not use it as I concluded not to cauterize.

I washed the ulcers thoroughly with a solution (1-500) of bichloride of mercury, then with a solution of sulphate zinc of the strength of 10 grs. to the ounce of water Afterwards dusted with calendulated boric acid. In six hours the blackened sloughs dropped off. From the right labia majoris came a piece of gangrenous tissue two inches in length and a third of an inch in width and about one fourth inch in depth. From the spot over the sacrum the whole bottom of the ulcer came out exposing the sacrum for a length of two inches, and making an ulcer of a depth of one and a half inches from the integument. The loss of this gangrenous tissue left a red, bleeding surface.

For treatment, I gave quinine bisulphate as a gentle tonic and stomachic, three grains before each meal. For two days I washed the affected parts well with 1-500 bichloride solution before dusting with iodoform. After a couple of days, I made the solution 1-1000, and used as a stimulating lotion a mixture of nitric acid:

℞ Nitric acid ʒj.
Aqua q. s. ad ℥xvj.
M.

The results were excellent. Phagedena was checked effectually and a resolution of the tissues immediately began. Three weeks elapsed before I was able to safely discharge the case with every ulcer totally healed.

The notable features of the case were (1) the well marked virulent action of the pustular discharge when coming in contact with the lower portion of the back while the patient was prostrated with the measles, (2) the depth and extent of the phagedena, (3) the probable lessened resistance of the tissues due to the measles immediately preceeding' (4) the success of the treatment without cauterization. This last mentioned feature of course would not be extraordinary in average cases, but I feel warranted in mentioning it in this case when the amount of the sloughing is taken into consideration along with the lessened resistance of the tissues.

## HYDROPHOBIA.

By Wm. B. Mann, M. D., 1517 Asbury Ave., Evanston, Ill.

Bites of rabid animals give rise to the disease so much dreaded and justly so. Hydrophobia does not originate in man de nouvo, but is the result of inoclution from the bites of animals, such as the dog, cat, horse, etc. It is claimed by some authorities to prove invariably inoculable. It is, no doubt, owing to high temperature, and so considered to a degree epidemic. However, its inception is generally considered obscure. My own opinion is that the animal has been poisoned by being forced to drink impure or stagnant water (not being given fresh water) and so the system becomes impregnated by the staphalococcus and streptococcus and this sets up a high fever, resulting in delirium. Hydrophobia has been known to result from the bite of an animal which had not shown any symptom of the disease.

It follows, therefore, that all known precautionary measures should be employed in order to combat its development. In man the disease is usually the result of a bite from a rabid animal or from a raw or excoriated surface being licked and so inoculated, but in which no signs of rabies have yet made themselves made themselves manifest. But it should be borne in mind that the disease cannot develop in man except by absorption from an infected animal. In rare cases it has been noticed that two persons of the

same family have been bitten and yet only in one of them did the disease develop. This is supposed to be owing perhaps that the virus was wiped off the animal's teeth in biting through garments. It is presumed that one person is also more susceptible to the development of it than another as is the case in cholera, yellow fever etc. Pasteur claims that not alone the mucous or saliva contains the poison but also the medulla oblongata or brain. Authorities differ widely as to time of development after inception, but I believe it never fails to indicate its presence in from three to six weeks, unless the wound has not been cauterized in which cases it exhibits itself in from ten days to two weeks.

The first symptoms are shooting pains twitching, and irritations at point of scar or wound previous to general attack. Positive symptoms are ushered in by chills, giddiness, high temperatures alternating the chills, and a decided feeling of discomfort. These symptoms usually continue for about three days, after which excessive irritability results, the upper part of the cord and medulla being now inflamed, in consequence of which slight afferent impulses cause reflex spasms of the muscles of deglutition and respiration and those of the neck, jaw and tongue are largely involved. Any sudden appearance of light by flashes, rustling sounds, running water will bring on convulsions. Inability to swallow on account of the contractions of the muscles involved in the act brings on spasm and intense suffering, and so the animal shuns food or drink. As the disease advances the spasms become intense and diffused until they extend to the whole body. The animal as a rule dies in from four to six days from spasm of the glottis and laryngeal muscles.

I have treated a number of cases successfully by cauterizing the wound with stronger or 8f. ammonia, or nitric acid diluted 50 per cent. with water. After which poulticed with elm bark soda and iodine for several days. Keeping bowels relaxed with calomel, quinine and soda for at least ten days.

## ECLECTICISM.

### WHY I DEFEND THE DOCTRINE.

By W. L. Leister, M. D., Editor Southwestern Progressive Medical Journal, Rogers, Ark.

The writer of the following was requested by the editor of the Recorder to formulate for publication his reasons for being an Eclectic physician; or, to tell why he holds to the doctrine of Eclectism. At the risk of being tedious I gladly comply.

The arguments of the tenets of other systems of medical practice will be left to their respective and respectable devotees. We therefore shall confine our statements more closely to a fair consideration of our own favorite doctrine and mode of medical practice.

Eclectic medicine is, strictly speaking, of American origin. Without entering into detail relative to its earliest advocates, or the time and circumstances of its birth, sufficient to say that longer ago than three quarters of a century restless and brave minds were busy with the problem of a much needed reform in the then prevailing modes of treating disease, and the deductions pathologic upon which such practice was based.

It is fair to state that needed reforms, whether relating to religion, law, medicine or to the political are seldom if ever introduced by the ruling classes. A glance at the past history of the world is sufficient to convince on this point. Again, the motive of the reformer—he who would point out deficiency and abuse and plead for reconstruction out of improved materials,

has ever been regarded by those in position and power as deserving disdain. However unjust such consideration may be—is really, the world makes poor progress along the lines of liberal tolerancy. Thus we see and realize bigotry and intolerance amongst theologians and doctors of medicine as well, in these the very last days of the nineteenth century and nearly 2000 years since the advent of Christianity.

The pioneer Eclectics concerned themselves more with the study and application of the vegetable agents indigenous to this country, yet they entertained no senseless prejudice against mineral products used as medicines; al-be-it they proscribed the use of hurtful and dangerous agencies which would salivate and purge unduly and otherwise break down an already enfeebled system; believing as they did that it "is more hurtful than possibly beneficial to use agencies denominated medicines which in any way depress the nervous system, thin the blood or weaken the body." The motto of the earlier Eclectics was to "choose the best, hold fast to the good."

It was asserted, unjustly by the opponents of Eclecticism, that the chief tenet of the new school of medicine of American origin was the decrying blood-letting, blistering and salivation on the one-hand, and the choosing of vegetable remedies only on the other. While much was said and written by the Reformers, against what every intelligent physician now concedes to have been bad practice; on the other hand the fact of their being choosers vouchsafed the right to use any agent denominated a medicine which by experimentation was known to be beneficial.

In the last thirty years the tenet of pure Eclecticism has been expanded and perfected until it stands for something much more than a mere definition of the generic term eclectic—signifying simply to choose. The Allopathic, or Homeopathic physician who might declare (and we have heard them make such claims), that they be as Eclectic as any because they choose the best according to honest and enlightened methods, are under-informed concerning the higher doctrine governing Eclectic practice. Indeed we would question the genuineness of any one claiming to be an adherent of our favourite system who stops short of the position here-in-after laid down.

We teach that man has but one life physically speaking; that health, ease, is this one life-right. That disease is this same life wrong. That any deviation from a condition of health may be known by the language pathologic, or as it is familiarly expressed—the disease expression. A well man has certain well remarked expressions by which we know that he is well. A sick man wears certain expressions in contra-distinction to those of a man in perfect health. There can be no mistaking our premises here. Not an organ in the body when diseased but that reflects to the surface a distinctive phase which has been well named the disease expression; or if the body in its entirety be sick an entirety of expressions may be diagnosticated. Nausea may be pronounced by the physician because the angles of the patient's mouth be drawn down, while the lips are closed yet the jaws stand apart. Try the said "expression" upon a well person for a few moments to obtain the sensation of sick stomach.

Hyperemia of brain, determination of blood to base of brain; expressions reflected, flushed face, turgid but glistening sclera, contracted pupils, hot head; great nervous excitation. The immediate center of neural irritation, floor of fourth ventricle—immediate locality of corpora olivaria and corpora restiformia; the immediate field of origin of the vagii.

Dull pain in eyes and forehead from whatever cause; expression, partial closure of eye-lids, corrugating of brow. Keen pain in occiput, or at joining of head and neck; expression, contraction of upper face muscles and forceful closeure of eves. These varying symptoms tell the educated observer of active or passive disease as the case may be. They also locate the lesion. The reader can fill in other expressions given out by a sick body, whether they spring from the brain or spinal cord, the glands, the stomach and bowels, the heart, the lungs or any other organ. An Eclectic is talking constantly of disease expression which is reflected by the pathologic organ, for he argues that whether it is better to recognize and treat a symptom without reference to the pathologic state of the organ or organs giving rise to the symptom, (Homeopathic,) or whether by an observation of the symptom and its peculiar character he inductively locates the organ and its condition. I say, whether the one course or the other, the Eclectic physician accepts the latter. He therefore treats the sick organ caring not what becomes of the reflection of said sick organ. The reflection, the expression, the symptom, was useful only in so much as it pointed the way to the basic lesion.

But disease expression is uniform and when once thoroughly learned may be applied to every other case. That is to say, a dusky red face, full; high thermal range, full, frequent bounding pulse. These spell out sthenia, and with the Eclectic it matters not what the nosological pronunciamento may be, the remedy is the same. There is nothing truer than that we have correlation of symptoms. To illustrate—Want of retrograde metamorphasis, retention of debris, full tongue, full face, abdominal globe, full tissue, full everything even to approaching edema. Eclectics make such study and observation the basis upon which the application of remedies is placed. Thus the doctrine of "Specific Diagnosis" and "Specific Medication," of which perhaps the average reader has heard vaguely, was established upon purely physiological and pathological reasons. The reasonableness of the selection of a remedy to meet the special indications regardless of naming the disease appeals to the common sense of the writer.

The Eclectic School of medicine has been honored by many worthy names who gave to the world its first best knowledge of hundreds of our choice American vegetable remedies and pharmaceutical preparations. Eclectics made first war on old musty, inert powders and the like. Fluid extracts made from inert materials were included in the proscription. They have been so persistent in this warfare against old medicines; also so constantly solicitous in behalf of choice, pure standard strength medicines, that we believe that we are not violating the truth when we assert that much credit is due our school in the matter of a pleasanter mode of general practice. An Eclectic insists upon having the best medicines which can be made regardless of the cost. If a pharmacist or druggist offers him something "just as good and much cheaper," he frowns the proposition. He must have the very best for his patients. When he gets the best he knows the dosage must be small.

An Eclectic knows that physicians are made, not born. He therefore insists on a collegiate qualification as base and ground work—a substructure upon which a superb medical acquirement may be realized. Eclectic medical colleges have all adopted the four years course and not one belonging to the confederation of American Eclectic Medical Colleges is proscribed against by the Michigan or Illinois state medical boards. Their graduates

pass the examining boards in any state and territory. It is a libel against our school and colleges to allege that upright, educated men and women are the exception and not the rule.

The genuine Eclectic physician abhors bigotry and everything which savors of exclusivenes. He loves liberty and is loyal to his country and his countries flag. While he contends for the perpetuity of intelligent individualism, he is swift to grant it to all others. He admits that other schools of medicine than his own are earnestly and honestly striving to elevate the standards and to evolve methods and means the which are to result finally in something near to (at least) an exact science. He counsels with any gentlemen or lady of any school and feels good that there is nothing in his code to gainsay him or make him afraid. Upon this one point at least, he knows that he can freely follow Christian example. His code is the Golden Rule; his constant prayer—that all physicians everywhere might rise to the spirit of the age and catch step to the music or the sentiment—"Peace on earth, good will toward men.

## ARSENIZATION.

### WHAT IS IT?

By R. B. Leach, M: D., 30 Germania Bank Building, St. Paul, Minn.

Arsenization is the act or art of arsenicizing; the introduction of arsenious acid into the human frame with the view of protecting it against Asiatic cholera, yellow fever or bubonic plague, or rendering those diseases less formidable.

Arsenization, or the immunizing of the human against the diseases referred to, is accomplished either by inoculation from an ivory point, or by the hypodermic injection or the ingestion of arsenious acid; and, from experience, it has been learned that a dose ranging from the one-one-hundredth to the one-one-hundredth and fifteenth of a grain of arsenious acid, repeated three times daily for the first and twice daily for the second week, sufficiently immunizes the human frame.

This is the experience of Drs. J. P. de Rego Cezar and Ishmael de Rocha and at least fifty other members of the Imperial Academy of Medicine of Brazil, in their experiments with arsenization against yellow fever in South America.

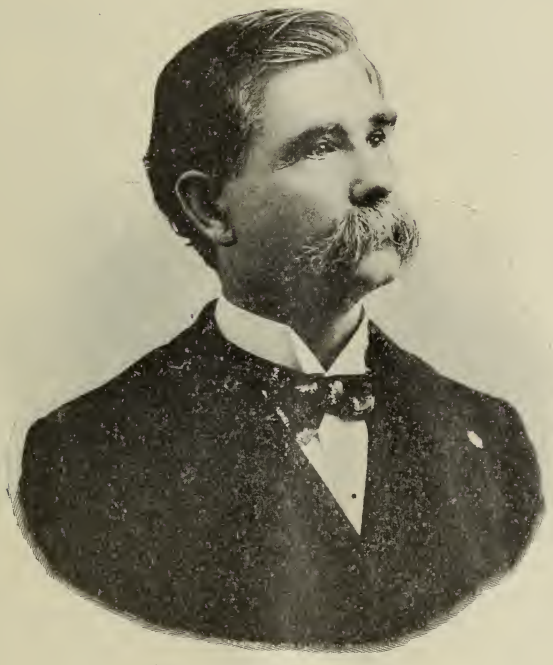
Drs. P. C. Majumdar and U. C. Bagchi, of Calcutta, India, report that they used the arsenic in one-one-thousandth grain doses, repeated three times a day, upon the well and during the existence of the Asiatic cholera, in families, epidemic in the community.

The probable prophylaxis of bubonic plague is analogically reasoned because of the intense (if I may be allowed the word) analogy, or likeness, or similarity, between the stage of collapse in this disease to that stage in cholera Asiatica and in yellow fever.

The results reported by Drs. Cezar and Rocha, of Brazil, were that among 350 arsenicized in two factories, previously almost decimated by yellow fever, there appeared but twenty cases of the fever; that these cases were all modified or made milder, and that there were no deaths, and that those suffering from the disease were dismissed from the hospital in from four to six days, cured.

The reports from Drs. Majumdar and Bagechi, while less voluminous, are that only one among the arsenicized showed signs of cholera Asiatica, and that that one was apparently made milder, and that he recovered.

Since 1892 I have continuously importuned my colleagues the world over to give arsenization a trial should they ever have the opportunity.



Fraternally,
W. L. Leister, M. D.
A. D. 190-

## W. L. LEISTER, M. D.

Dr. W. Lee Leister, whose portrait we print in this number, is a native of the state of Indiana. His father, Wm. B. Leister, was an eminent physician, and was of Scotch descent. The youth was brought up in the physician's office, and as early as seventeen years of age he was prescribing for the sick under the directions of his father. A great calamity befalling the senior Leister, that of total blindness, the son was forced to abandon a contemplated collegiate training and started in the world of business with only a meagre common school education.

In the years 1868–9 the doctor student took his first systematic training in the Eclectic Medical Institute, Cincinnati, Ohio, at that time under the management of the late Prof. John M. Scudder, with Prof. John King, author of the "American Eclectic Dispensatory"; L. E. Jones, joint author with Prof. Scudder of "Eclectic Materia Medica and Therapeutics"; A. Jackson Howe, author of "Fractures and Dislocations", a system of operative surgery, a treatise upon the eye, etc., these eminent men, together with others of high renown as coworkers.

In the year 1875 the subject of this sketch began what was to be a three years' course of instruction in the English and Latin languages, under the tutilage of Prof. Lee Tomlin, then at the head of Oakland City (Ind.) Normal College. Although a man of family at that time, often having to arrest a recitation to answer a professional call, as a livelihood must be obtained while literary requirements were proceeding.

In consequence of failing health of a son and daughter, the doctor left his native state in 1891 to settle in the Ozark country of northwestern Arkansas. A healthful climate did much to restore his family to health.

In 1893 Dr. Leister started the publication of the Arkansas Eclectic Medical Journal and continued it for three years. After several years discontinuance of the same he began the publication of the Southwestern Progressive Medical Journal, now nearing the fourth volume. In this venture he has been very successful, having enlisted the support of such progressive medical men as Dr. L. S. Downs, Galveston, Tex.; Prof. M. B. Ketchum, M. D., of Lincoln (Neb.) Medical College; Prof. H. H. Helbing, M. D., of the American Medical College, St. Louis; Dr. Joseph Adolphus, late professor in Georgia E. M. College, Atlanta, all these editing special departments. More recently the editor of the Southwestern has secured as regular contributors Prof. John Uri Lloyd, who occupies the chair of chemistry in the Eclectic Medical Institute, Cincinnati; also the eminent physician, surgeon and author, Frederick Wallace Abbott, Taunton, Mass.; Herbert T. Webster, M. D., late professor of practice of medicine in the California Medical College, author of "Dynamical Therapeutics—The New Eclectic Practice," in two volumes, etc.

In the the year 1884 Dr. Leister was graduated from the Eclectic Medical Institute. He is the author of many papers bearing upon the newer practice of medicine, and has contributed his share in shaping the policy and directing the progress of his favorite school. He is a member of the Arkansas Eclectic Medical Association, honorary member of the Texas E. M. Association and a member of the National E. M. Association. The doctor is secretary of the government pension examining board, for his district, and examining physician for Orchard Camp, Woodmen of the World, Rogers, Ark.

# ARSENIC:

## ITS USE IN YELLOW FEVER, CHOLERA AND THE PLAGUE.

By J. P. De Rego Cezar, M. D., Rio de Janeiro, Brazil.

J. P. DE REGO CEZAR, M. D.

Since 1873 I have observed the facts which determined me in making experiments with arsenic prophylactically against yellow fever and since 1876 those experiments have given, always, satisfactory results increasing my confidence in my drug.

In 1889 I made a communication to the Imperial Academy of Physics, of which I am a member, and many of my colleagues thereupon gave me testimonials of the efficiency of the arsenic, as a yellow fever prophylactic. Their names I write here as a humanitarians, principally among them I count Drs. R. B. Leach, Eduardo Magalhaes, Ismael de Rocha, Jose de Goes, Affonso de Azevedo e Orlando Rangel, and many others who have written of arsenization; also Drs. Garcez Palha, Padua e Castro, Alberta Lopes, Jose Ferreira Camargo, Jambeiro Costa, Araujo Mascarenhas, Souza Brito, Domingos de Azevedo, Nascemento Bittencourt, Silva Castro, Antonio de Campos Salles, Luiz Drummond, Souza Lima, Guilherme de Silva, Germano Melcher, Diogo de Faria, Vieira Bueno, Castro Menezes, Anriano de Barros, Cunha Motta, Alfredi Benjamin, Rodolpho Galvao e Outros, and others.

Since recommending, in my clinic, the use of arsenious acid during the warm season and during the prevalence of yellow fever epidemics, I have succeeded in preventing the disease among my patients or rendering those attacked much milder in form; as you can see, in my observations, (very numerous and not yet translated into the English) referring to those persons who recovered from the fever and were, indeed, cured in a very short time, in the terrible epidemic of yellow fever, and in other fevers, in 1889, that hundreds of persons made use of the prophylactic properties of arsenious acid as advocated by myself and others. Even among those not advocating arsenicum as a prophylactic the use of same as a curative remedy is approved.

In 1894 I treated 108 people in this condition, yellow fever, of which 16 were benefitted, though in the last stages, and of the 91 treated from the beginning of the disease only 10 died. In 1896 I helped 56 in the same condition as those before mentioned and of these 5 were medicated, prescribed for in the last stages, but died; and of the 51 treated by me from the beginning of their sickness only 5 died.

Whatever may be the theory concerning arsenization the fact is this: That the arsenicum prevents, or modifies, the yellow fever, the cholera and the plague and in general all diseases of an infecto-contagious character and is, in my humble opinion, to be con-

sidered the shield of the people in epidemic times besides conferring tonicity to life of men; because it impresses nutrient activity upon the cellules in an exceedingly durable way, modifies the chemical composition of the humors and is antitoxic or bactericide respecting chemical composition and, through nutrient changes in the Infecto-contagious diseases to their gravity and duration. The arsenic, swallowed in the therapeutic dose, to destroy the inferior organisms, must produce modifications more or less durable in the functions of the cellules, from which results an equal resistance of the organism against infection, a condition which the cellules transmit by heredity to their kind and without which they could transmit their form, constitution and functions.

This, awaiting a better interpretation is my way of thinking out the theory.

In "The Gazeta de Noticias," however, Dr. Gautier assumes that the arsenicum, in infinitesimal dose, is in the composition of the human organism, being in the brain, in the thyroid gland and in the skin.

Before closing this letter, I wish to relate the case of a Mr. Jose Antonio Dias, who once lived in this city and who gave me a written statement to this effect: In 1875 he lost his wife, the victim of confluent smallpox, and in trying to open a pustule with a knife, he wounded himself in the ball of his left thumb. The knife blade was soiled with serum from the pock, from which resulted a big variolous pustule about a week afterwards, but unaccompanied with fever or any other disturbance whatever. He believed in and had used arsenic, as a preventive remedy, in epocs of epidemic. Others can see in this case the durable action of vaccination made in his infancy; he is now 25 years of age.

## THERAPEUTIC SUGGESTIONS.

By E. C. Rothrock, M. D.

(Ninth Paper.)

### BRYONIA ALBA.

The roots of bryonia alba and bryonia dioica are used, which are European perennial vines and their active principle is a bitter glucoside, bryonin. The dose of the root is five to ten grains, of the normal tincture five to ten drops, of bryonin 1-3 to 1-8 grain. Bryonia alba is a hydrogogue cathartic, laxative, sedative, a powerful diuretic, a cardiac depressent, lowering arterial tension. Its action resembles jalap. In lethal doses, bryonia causes fatal gastrititis and enteritis, cerebral, hepatic and renal congestion, vesical tenesmus and jaundice.

We have had good success in curing dropsy with bryonia alba. The remedy should be given in plenty of water, fluid extract bryonia alba five drops, water two fluid ounces every three hours. If it acts too much on the bowels give at long intervals, but continue the medicament. It will cure dropsy; if the disease is caused by heart disease that will have to be cured, if possible, before the dropsy can be cured. Bryonia has other action and uses besides that of catharsis. In epilepsy and mania it is of ancient repute. We have had some experience with it in this line, not extensive, but it acts very well.

It is a valuable agent used in serous inflammations, particularly in the second stage to limit the extent of effusion and to promote its absorption. In pleuritis and pericarditis it is of great benefit; for the fever, pain around the heart and dyspnoea, aconite should be given, one drop every hour until circulation is under control, if pain still in precordial region then tincture bryonia alba, two to five drops every two hours will give relief. Bryonia could be given from the first,

alternating aconite every hour or two. In pleuritis where there is high fever, quick pulse, thirst, dry skin, pain in side and chest, aconite one drop should be given every hour until temperaturetis reduced, then every two or three hours. A warm turpentine poultice should envelope the chest, renewed when it gets cool and continued until pain is reduced. A warm poultice should never be forgotten in such cases; it is far ahead of blisters in every respect. If the tongue is coated yellow, pain in chest, severe thirst, dry hacking cough, bryonia two to five drops should alternate the aconite. Syrup of sanguinaria twenty to thirty drops every two or three hours will relieve the cough. In pleuro pneumonia give aconite for fever, if blood or rusty sputa, tincture sanguinaria five drops or syrup of sanguinaria thirty drops should alternate the aconite, every two or three hours. Do not forget the turpentine stupes. For the pain in chest, coated tongue, tightness in chest, hoarse cough, give bryonia two drops.

We have used a preparation in such troubles with marked success which we term "Texas Swamp Doctor's Pectoral Balsam."

℞ Stillingia Fluid Ext.
Collinsonia Fluid Ext., aa ʒj
Syrup Sanguinaria, ʒij
Asclepias Tuberosa Fluid Ext.
Glycerine, pure.
Syrup Tolu, aa ʒiij

Mix. Sig. Twenty to thirty drops every two or three hours, to be swallowed slowly in cases of affection of the throat, or lungs.

It will soothe and mitigate pain in sore and ulcerated throat, cough, asthma, pharyngitis, bronchitis, consumption, pneumonia, hoarseness, colds, and is of use in "grip" and whooping cough. Some would call it a shot-gun prescription. How, that may be, try it ye doubting Thomas. We do not charge for it, and it is original; nothing egotistic intended of course. We find asclepias tuberosa one of the best agents for prompt diaphoresis, where the skin is dry and harsh; it should be given in doses of twenty to thirty drops of fluid extract every hour or two as indicated until effect is had.

Hypertrophy and dilatation of the heart, if from mitral insufficiency or aortic constriction, irritability of the heart, tincture of digitalis, five drops will strengthen the heart, given every three hours. Strophanthus is a charming remedy in this disease, one to twenty-five drops of the tincture every two, three or four hours as indicated. In valvular disease of the heart I think it acts better than digitalis and in chronic Bright's disease it is superior to it. It relieves cardiac dyspnoea in a short time, say ten minutes, more or less. A single dose in thirty minutes will modify the pulse rate and its influence upon the circulation, frequently will last for a long time. Bryonia alba two drops alternated with cactus grandiflora, fifteen drops every two hours is sufficient in pain in the region of heart with palpitation and nervousness. Hypertrophy from portal obstruction indicates nux vomica, tincture five drops before meals and bryonia ten drops every four hours. Lycopus virg. is also good, as is cocculus indicas five drops every hour until relieved.

Diaphragmitis, with a full, hard, quick pulse, restlessness, pain, heat and tightness in region of the diaphram, aconite every hour until pulse is soft, and in the meantime bryonia alba five drops every two hours will help the cure. If there be pain, tightness, painful cough, dyspnoea, then let lycopus virg. ten drops tincture alternate bryonia alba every two hours; if the attack is of rheumatic type rhus toxicodendron two drops every three hours alternated with fluid tincture cimicifuga racemosa, thirty drops.

In rheumatism, for stiff, painful joints, bryonia locally applied and administered five drops every three hours will be found to be efficient. In bilious headache, with vomiting, bryonia five drops repeated when indicated is of gaeat benefit. Hydrothorax, if the stomach and liver are involved, tincture bryonia two to five drops every four hours will regulate the bowels and aid the digestive organs. Asclepias tuberosa or asyriaca ten drops alternated with bryonia is a valuable medicament in suppression of urine and dyspnea, difficult breathing, I find apocynum cannabinum a good remedy fifteen to twenty drops fluid extract every three hours alternated with nitrate potassium five grains in plenty of water, Digitalis in decoction is the best way to use it, when action is desired on the kidneys. Acetate potassium acts well frequently also polytrichum juniperum, but in such cases the kidneys are often hard to impress and first one remedy and then another will have to be used. In splenitis with stitch-like pain in the side, tincture bryonia five drops every three hours should be used until this is subdued. In hepatitis, byronia five drops every three hours is of advantage with other indicated remedies, where there is hyperemia, a bitter taste, white tongue, vomiting, costiveness, thirst, dry mouth, use bryonia alba ten drops every three hours alternated with eucalyptus fluid extract twenty drops.

In enlargement of the liver, with pain, jaundice, costiveness, use nux vomica five drops three times a day, with fluid extract bryonia twenty drops; this will regulate the liver and reduce the organ. Fluid extract eucalyptus ten drops will help to relieve the other abdominal conditions, given every four hours.

In capillary bronchitis, with cough tight, severe pain fever, bryonia two to four drops every two hours, with aconite for fever one and a quarter to one drop as to age, every one or two hours until fever abates, alternated with syrup sanguinaria five to ten drops. Belladonna one-half to one drop every four hours will relieve headache and help in the cure. In some cases ipecac one drop alternated with syrup sanguinaria, five to ten drops every hour until better.

## GONORRHEA.

Protargol continues to give very satisfactory results in the treatment of gonorrhea. Many observers report that it is the best silver salt to use in this disease. Dr. J. C. Spencer, of San Francisco, in an original article in the Occidental Medical Times, writes:

The prime object to be obtained is the speedy destruction and eradication of the gonococci. The general concensus seems to be that some salt of silver is most efficacious. Although an invaluable aid under certain conditions the nitrate is not indicated in acute urethritis, principally because of the formation of the chloride, when in contact with body fluid and the coagulation of albuminous matter which it produces. Some soluble albuminous combination seeming to be the desideratum, a salt known as protargol has been evolved. It is my practice to begin with a solution of one-quarter per cent. in strength, and feeling the way along as to the tolerance of the patient's urethra, increase the strength at intervals of four or five days if need be until 1 per cent. or even 2 per cent. is reached. The limit is governed by the disappearance of gonococci. The majority of cases show a disappearance of the latter in from four to seven days by the use of a 1 per cent. solution. Most urethras tolerate the solution of protargol well. It is my custom to instruct patients to inject three times a day.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE,

By M. G. Price, A. B., M. D., Mosheim, Tennessee.

(Seventh Paper.)

### DYSPEPSIA.

We notice in the August number of the Dosimetric Review an article on the above subject by Dr. Castro. He defines dyspepsia to be a disturbance of one or several of the functional acts which contribute to effect normal digestion.

He divides the several acts of digestion into buccal, stomachal and intestinal. Of the first is mentioned mechanical and glandular. The teeth may be defective or the glands may be deficient in their secretions. As remedies, he suggests prolonged mastication and diastase and pilocarpin nitrate are suggested, three granules of diastase may be nsed at each meal, where starch is to be comsumed. To increase salivary secretion three granules of pilocarpin nitrate should be taken two hours before each meal.

The stomachal form may consist of lesions of contractility, viz: (1) Atony. Under this head we have flatulent dyspepsia and dilatation, and as remedies strychnine sulphate, quassin and euonymin are suggested. (2) Spasm comes nexf in the form of vomiting in pregnancy, and eructations, for the former we have two granules of hyoscyamine with one of strychnine as a remedy.

Among the lesions of secretions we have—

Diminution of Pepsin.
- Apepsia .... Pepsin, Hydrochloric Acid.
- Foul eructations .... .....Iodoform, ..... Salicylate Quininee.

Putrid Dyspepsia.
- Enteralgia ..... codeine.
- Vomiting ..... .....Atropine Sulphate.

Increase of Pepsin (acid dyspepsia).
- Pyrosis ..... Arsen. Soda.
- Cardialgia ..... Cocaine.

Increase of Mucus (pituitary dyspepsia).
- Vomiting ..... Quassin, Brucine.

From the lesions of innervation we have—

- Pain ..... Morphine. Hyoscyamine.
- Anorexia . Quassin, Piperine. Veratrine.
- Boulimia ..... Atropine. Morphine ..... Hydrochlorate.

In intestinal dyspepsia we have—

- Deficiency of Pancreaton ..... Diastase. Pepsin.
- Deficiency of Bile .. Iridin. Colocynthin.
- Atony ..... Jalapin, Brucine.

This schedule furnishes at a glance the diagnosis, cause and treatment of one of the most common ills of humanity, and any remedy or plan of treatment that promises success will be heartily welcomed by all, and from my knowledge of the disease I am satisfied that Dr. Castro is not far wrong.

## VARIOUS SUBJECTS.

By M. G. Price, A. B., M. D., Mosheim, Tennessee.

A word on materia medica and therapeutics is always in order, because we can never grow too well versed in the subject, although our knowledge of it is called into exercise

every day. This knowledge is obtained from reading the works of our best observers on the nature and physiological effects of remedies and from our own observations clinically. And here is the final judgment seat at which all medicines are tested—on the patient. To illustrate: In the Medical Summary some time ago we noted this: ℞ Chloroform, olive oil, equal parts, rub on the abdomen and cover with a cloth, and was said to be better than chloroform by inhalation in labor. Experience—not worth a cent—and you get your hands greased for your trouble. But frequently we come across valuable bits of experience in out of the way places that are well picked up, and here are some of our gatherings:

Anemonine—This is the active principle of anemone pulsatilla. It is one of the most valuable drugs in delayed mensturation, congestive dysmenorrhea, suppression from a cold and all congested conditions of the pelvic regions; specially sedative to the genital organs. One granule every hour or two for a few days previous to the period, and continued as long as pain lasts. In acute or chronic inflammations of uterus, ovaries and tubes it has proven of great service, given four to six times a day for a long time. In fact it once acquired a reputation for the cure of sterility, because many women previously sterile became pregnant after its use. Their sterility was caused by obstructive inflammation. Specially useful in metnorrhagia and circulatory disturbances of the menopause. Equally serviceable in all simple or gonorrheal inflammations of male sexual organs, or orchitis, epididymitis, urethritis, etc.

Veratrine Sulphate—Alkaloid from veratrum sabadilla. Valuable as a cardiac sedative. Used in fevers, but generally in combination with aconitine, digitalin and strychnine. In eclampsia, puerperal fever and acute mania it is useful. It is valuable to slow the pulse in pneumonia. One granule every half to one hour, while full, bounding pulse is present. Administer enough to keep pulse between seventy and eighty.

Podophyllin—Resinoid from the may apple. This valuable cathartic is not used enough. One granule every hour ($\frac{1}{12}$ grain, until the bowels are moved well, will aid materially in breaking up an acute cold in the head, as well as many other acute inflammations. Combine with hyoscyamine or atropine to relieve griping. It relieves portal congestion, and is good in jaundice. It is the basis of most so-called "liver medicines," and with good reason; also of the "one-day" and "twelve-hour" cold cures.

Aloin—Resinoid of aloes. Laxative by irritation or the lower half of colon and rectum; emmenagogue by stimulating pelvic circulation; increases hemorrhoidal congestion. Useful in passive hemorrhoids, chronic constipation, atonic dyspepsia with hypochondriasis, amenorrhea and hemorrhoids after delivery. Must be avoided in irritable rectum, active hemorrhoids and menorrhagia. In pregnancy, must be given only with caution. Dose, three granules at each meal, gradually reducing the amount, but continuing the same number of doses.

Hyoscyamus—Alkaloid from hyoscyamus. The hyoscine hydrobromate is preferable; valuable nerve sedative anodyne and hypnotic; sedative to urinary tract. The best drug for maniacal excitement, delerium tremens, hallucinations. For nervous, irritating cough. Excellent in insomnia and hypochondria; one granule every fifteen minutes until sedative action. Safe at least up to one-twentieth grain for adults, although that amount need never be given within a short time.

# Rundschau.

By H. Speier, M. D., Janesville. Wis.

INTERSTATE RECIPROCITY.

Medical journals do not contain so many articles and communications on interstate reciprocity as they did some six months ago. The stage of making popular propaganda is past, the stage of quiet work by combined effort has been reached. The profession is pretty well united in its opinion. It has culminated in the appointment by the American Medical Association of a committee on interstate reciprocity, one member of which is Dr. Amberg, of Detroit, who has done more than anyone else to awaken sentiment and bring the matter to the point where it stands now. It is not easy to forecast what results this committee may accomplish. Opposition, or what is worse, lukewarm support, will be encountered. Such appears in the action of the Minnesota State Medical Society, which met later than the American Medical. A letter from the Detroit Medical Society, asking for an indorsement of the movement looking toward interstate reciprocity, was laid on the table without discussion. Hidden motives must have prompted such action, for a mere indorsement, while it would not have committed the state society to any line of action, would have given a strong moral snpport to a cause which is undoubtedly popular with the rank and file of medical men, who are not college professors. Later the Minnesota State Society elected a representative to serve on the committee on national legislation of the A. M. A., which is to consider, among other questisns, the unification of medical practice acts. It is not said whether this includes reciprocity. Someone, who is on the inside, may be able to furnish a sensible explanation. To one, who merely read the printed reports, the stand taken by the Minnesota society seemed obstructive, based possibly on selfish motives.

The Medical Record, of July 28, has an editorial on the subject, which says: "That interstate reciprocity is badly needed, will be allowed by all, but that under the present conditions it is impossible, is a fact just as indisputable. The first steps to be taken is the introduction as far as possible of a uniform standard of medical edution throughout the country." The Buffalo Medical Journal, commenting on this, goes one better and says: "The whole question of reciprocity really depends upon a uniformity of educational methods, to be adopted by the colleges."

Whatever truth there might be in such considerations, they are not really pertinent to the question. The advocates of reciprocity do not ask that imperfectly educated physicians be admitted in all states alike. They know that the state board of a state which, as e. g. Minnesota, limits by law the giving of licenses to those who pass an examination, has no authority to admit by reciprocity licensed persons from a state which requires diploma only. The demand is that those who have proven their qualification in any state by passing the state examination be recognized and licensed in any other state. The question is not one of uniform college education, but of uniform state standards. The national confederation of state boards could easily bring this about and state sociities could work to have state laws so amended as to permit reciprocity.

Colleges will be forced to fall into line. Those who connot will go to the wall, as many have done in recent years. If we wait for the colleges to take the initiative, we will have to wait a long time for reciprocity. While some state boards admit licensees by examination of other boards, as New Jersey and to some extent Illinois, others refuse to do it, as New York, although the law there allows it. The writer was informed a few years ago officially by said board that they had not found a board whose standards were equally high as theirs. The justice and modesty of the claim are pleasing. The Minnesota board has a good excuse in its state law and now the state society has gone on record as refusing to indorse the movement toward interstate reciprocity.

It looks as though there might be some truth in the charge brought by the enemies that medical state laws are intended or handled so as to favor cliques or create medical monopolies.

RUBBER TUBES ON NURSING BOTTLES.

For many years the writer has waged war in his practice against the rubber tube attachment to nursing bottles. He became convinced by personal observation and experience in his own family that it was not possible to clean them sufficiently. Physicians generally are of the same opinion, although many pay too little attention to such detail. Dr. Ernest Wende, health commissioner of Buffalo, a very zealous sanitarian, has found scientific proof of the danger of the nursing bottle tube. He submitted sections to the microscope and publishes photographs in the current number of the Buffalo Medical Journal. The tubes, made out of rubber sheeting, show various seams, very imperfect, forming pits and sinuses. The walls of the tubes are rough and, often composed of more than one layer, contain numerous pockets, cavities and sinuses. The whole arrangement is practically a bacteriologic "breed oven."

One should think that the rubber nipple, which we recommend in place of the tube, is open to the same criticisms. It is made of the same material and apparently by the same process, molding, and sections under the microscope would probably give similar pictures. The difference between tube and nipple would not be one of kind, only one of degree, the latter only less dangerous, because all parts of it are accessible and can be cleansed mechanically. The safest way to feed a baby is after all by the spoon.

IMMUNIZATION AGAINST SPERMATOZOA.

Prof. Metschnikoff, whose laboratory work and claim of having found means of prolonging human life up to 250 years, has furnished much material for all kinds of newspaper articles, and who has probably been as much misunderstood and misrepresented as Koch in his day, has in the course of his experiments seemingly come to more startling results. This time it is a serum to secure immunity against spermatozoa. Medical men's belief in the efficacy of serum has of late received some serious shocks and we will take this latest announcement not only with a grain, but with a whole bushel of salt, though we know that the Russo-French physiologist is a scientist of the highest rank. On the one hand the female safe against "infection" by spermatozoa, on the other Loeb's artificial production of living sea urchins—what a vista! Are mother nature's time-honored means for propagating the race to become obsolete?

MOSQUITOES.

Mosquitoes have been charged (by Koch and followers) as being active agents in the distribution of malaria. Now they are said to be carriers of the microbe of elephantiasis.

# The Wisconsin Medical Recorder.

*A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.*

**J. P. THORNE, M. D., Editor.**

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## THE NEW ANESTHESIA.

The new method of producing anesthesia, of which the "Rundschau" in the last number of the Recorder gave a brief account, attracts much attention in medical circles. New testimony as to its value is being brought forward and we may expect a very general trial of the method in the near future. Dr. John B. Murphy writes about it in the Chicago Clinic for September, giving his entirely satisfactory experience with it. We learn from his article that priority belongs to an American physician, Dr. J. Leonard Corning, who demonstrated as early as 1884 . that anesthesia could be produced in this way. His article made no lasting impression. Now the method returning to us with the stamp of European approval, is received and hailed with applause. The credit of testing the idea thoroughly and perfecting its technique belongs to Prof. Tuffier, of Paris, to whose paper and cases reference was made last month. Dr. Murphy was present at four major operations, three laparotomies and a nephrectomy, performed by Tuffier and testifies to the correctness of the claims made. Tuffier denies having encountered any alarming symptoms, although he reports in his original paper a few which would alarm the average surgeon. Since his return to Chicago Dr. Murphy has used the method in nine cases, of which he gives a short account in his paper. The operations were for pyosalpinx, varicose veins and ulcers, ovarian tumor, appendectomy, arthrectomy of knee, curettment of suppurative epididymitis, strangulated hernia. He followed strictly Tuffier's method, using a 2 per cent. solution of cocaine, freshly made and sterilized. The technique, according to his description, is exceedingly simple and so simple that every one will be able to carry it out. His results were very satisfactory. There was no depreciation in the quality of the pulse in any of his nine cases, but in every one there were nausea and vomiting during and after the operation. "The advantages of the method," he says, "are its ease of application, thorough analgesia of all the tissues below the diaphragm, the retention of the sense of touch, the absence of the reflexes, the consciousness of the patient, the avoidance of one of the greatest dangers to to surgical procedures at the present time, namely, the primary, intermediate and secondary sequences of the anesthetic, as cardiac phenomena, pulmonary lesions and renal disturbance. Whether the cocaine will be found to interfere with the functions of other organs, time alone must determine."

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# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

We will send Lippincott's Magazine and the Recorder one year for $2.75; the regular price is $3.50 for both.

When ordering labels or other printing, you should state clearly just what you want printed, and have your copy very plain.

Dr. Geo. Fitch, of San Francisco, reports the use of Coley's fluid in a case of inoperable sarcoma, with very satisfactory results.

The Milkine Co. has placed on the market a line of tablets made from milkine, plain, lemon and chocolate flavored. These tablets are a very palatable form of giving nourishment in concentrated form to invalids.

Lippincott's Magazine is unsurpassed for entertainment. It publishes each month a complete novel by some writer of note, and in addition to this contains the usual variety of articles found in a popular magazine.

Battle & Co., of St. Louis, have commenced the publication of a series of colored anatomical plates, illustrating the fractures of the long bones. If you have not received the first one, send for it, as it is well worth owning.

Dr. J. T. McColgan's article was received too late for publication in this issue. The series of articles on Suggestion will be resumed in the next number. These articles are attracting much attention by careful observers.

Dr. Town's remedy for epilepsy is giving good results in the hands of physicians who are using it. The doctor is glad to correspond with physicians on the subject of epilepsy.

Dr. J. M. Da Costa died at his Philadelphia home, September 11, of heart disease, aged sixty-seven. His ability, as a diagnostician and medical practitioner, is well known everywhere. His book, "Medical Diagnosis," is a standard work in general use.

We are always glad to receive original articles, case reports and discussions from our readers. When contributing to the Recorder we especially request that the articles shall be sent exclusively to this journal, as we wish the Recorder to be composed of fresh original matter.

As a magazine of general information Modern Culture is unexcelled. Besides the large variety of original articles, it has a number of departments which are especially strong. The September number presents a clear view of the Chinese situation and other current events.

The H. M. Merrell Co. makes a full line of standard preparations, which can be relied upon. The firm also makes all the preparations used by eclectic practitioners. Merrell's spe-

cific tinctures are justly celebrated, specific tinctures having been introduced by the late H. M. Merrell, founder of the firm.

Dr Archibald Church has been recently appointed professor of nervous and mental diseases in the Northwestern University Medical School-Chicago Medical College, and head of the neurological department.

The results of Hagee's cordial of cod liver oil compound have been most remarkable. For sub-acute and chronic bronchial and pulmonary troubles it is the ideal compound. As a reconstructive to the tissues and a nerve tonic I have found nothing equal to it. It is non-irritating to the stomach and freely absorbed and assimilated.—John W. Vaughan, M. D., St. Louis.

Dr, John B. Murphy has accepted a professorship in surgery and clinical surgery in the Northwestern University Medical School-Chicago Medical College. Dr. Murphy has been appointed surgeon-in-chief of Mercy Hospital, with the direction of the surgical teaching in that hospital. He will give two clinics each week at the hospital. The hospital now contains 260 beds, with abundance of clinical material. A new amphitheater, with a seating capacity of 300, is in progress of construction.

Dr. Herman D Marcus of the Skin Dispensary at the Medico-Chirurgical College and Hospital, Philadelphia, Pa., writes: In my connection with skin dispensaries I have had occasion to see cases coming who suffered years with eczema and who again and again were placed on old treatments entirely inadequate to overcome their sufferings. In looking over my case book I find any number of such cases who gave me up in disgust on account of my failure to relieve them, and none since I have started to use noitol exclusively.

Walter Emery Merrill, M. D., U. S. Marine Hospital Service, says: Among the advanced members of our profession, I believe the drug tissue—feeding theory no longer obtains. And rightly so, for it has not been proved that medicine is ever, in itself, a food. The large number of malarial cases emanating from the tropics are cured in the Marine Hospital service, not by tissue-feeding, but by ridding the system of the intruder and directing the vital forces along the lines of repair. This I find to be best done by the frequent and judicious administration of laxative antikamnia and quinine tablets.

Dr. F. R. Dobson, of New Orleans, La., Late Surgeon U. S. A., writing, says: While surgeon in First Division Hospital, stationed at Jacksonville, Fla., I had occasion to see an interesting case of prostatitis treated with sanmetto, with entire success. The patient was a private in the Second Nebraska volunteers, and his condition upon entering the hospital was deplorable, the bladder being distended with urine, the overflow dribbling constantly. His condition was traceable to gonorrheal infection. Siuce my return to New Orleans I treated with sanmetto a case of purulent cystitis, which had resisted all other treatment. The result of the taking of one bottle sanmetto was permanent relief.

The following is the report of a case treated by Dr. W. H. Vail, of St. Louis, with Dr. Becker's compound digest:

Mrs. H. T. B., a married lady, aged

thirty-four years, a great sufferer from dyspepsia for three years, so much so that she had a very restricted diet. She had a perverted appetite, a feeling of weight or fullness in the epigastrium, acidity, heartburn, pain or soreness in the pit of the stomach during digestion, drowsiness after meals, insomnia, loss of memory and almost constant cephalalgia. I relieved her bowels with a cathartic, to make myself certain that they were not clogged, and then put her on the digest, two tablets after meals and before retiring, this treatment to be continued four days, at which time she was to report as to her condition. When she did so, she said that never before had she obtained such relief in so short a time; the weighty feeling had disappeared, the acidity was not nearly so aggravated, the soreness in the pit of the stomach had almost vanished; likewise the other annoying symptoms, and she was considerably encouraged. At the end of two weeks there were no disagreeable signs of any nature, and after she had continued the tablets for three weeks, she required no further medication along this line.

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We take the following practical extracts from an article on the diseases of the blood in their relation to surgery and their treatment, by Dr. Geo. G. Van Schaick, surgeon of the French Hospital, New York city:

As the surgeon's first concern is always to place his patient in such a condition that he will easily bear any intended interference and promptly recover from it, complicating blood disturbances always call for treatment at his hands. The matter is simple enough, for we practically rely upon iron, but the choice is more difficult, as we meet with much contradiction of opinfon. The merits of organic and inorganic preparations are still under contest.

The value of chalybeate medication is something that may be tested accurately by blood count and estimation of haemoglobin. Repeated investigations of this character have certanly shown the value of the organic preparations from this standpoint. In many instances they have shown a distinct superiority over the inorganic ones, and their greater palatability, together with the fact that they hardly ever disagree with the stomach, and that in their best forms they do not cause constipation, and may usually be administered for any length of time, are distinct points in favor of their use.

For several years past the writer has made use of the liquor ferri peptomanganatis of Gude in all instances of anaemia complicating cases in his surgical practice, with exceedingly good results, some of which will be detailed later. Examination of the blood was made in the majority of these cases.

The writer has altogether made, or caused to be made for him, blood counts and estimations of haemoglobin in fifty surgical cases, in which peptomangan was used. In his experience of the last few years he can recall only one patient, a nervous and capricious young woman, with whom it failed to agree. A statistical examination of the results obtained showed that on an average the first three weeks of treatment gave an increase of about 40,000 red blood globules a day, this proportion diminishing later on as the blood becomes restored to its natural composition. The cases cited by von Ramdohr and Emory Lanphear, as well as those I have observed, show that we have in such preparations as peptomangan a means of obtaining good results with a certainty that is almost mathematical, and without any of the distressing symptoms so frequently following the use of the inorganic preparations.

Treatment of Cancerous Cachexia. Lawrence (The Medical Brief, April, 1900) gives as the best treatment for cancer and the cachexia attending it, teaspoonful doses of ecthol four times daily in conjunction with alterative doses of iodide of arsenic. The latter should be administered in doses ranging from one-sixtieth to one-thirtieth of a grain three times a day and continued for a long period. Ecthol contains the active principle of thuja which is accorded specific value in cancer. The treatment outlined is aimed to cause absorption of the cancerous tissues.

Alimentation in gastro-intestinal affections attended with diarrhea is often a serious problem. Owing to the disturbance of the digestive functions in these cases, foods that in health are easily digested, frequently act as irritants and increase the diarrhea. Even predigested foods may be badly tolerated, while the digestive ferments no longer occupy the place that they once enjoyed in the therapeutics of gastro-intestinal troubles. On the other hand, much good may be expected of food which, highly nutritious and perfectly bland, exerts in itself a slight constipating effect, thus aiding in the relief of the diarrhea. The best type of such preparation is lacto-somatose, in which the albumoses, or digested albumins of milk, have been firmly combined with a small percentage of tannic acid, only sufficient to induce a slight astringent effect. Lacto-somatose appears in a powder which is practically tasteless and odorless and readily soluble in water and other fluids. It is relished by infants, and may be administered to them with perfect safety, even in conditions of extreme irritation of the intestinal canal, such as are met with in acute entero-colitis, gastro-enteritis and cholera infantum.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

## MEDICAL LEGISLATION AND BUREAU OF VITAL STATISTICS.

The assumption that our medical laws were called into existence for the sole purpose of raising the standard of medical education or of protecting the people from quacks and charlatans, is altogether gratuitous and contrary to the facts in the case. That they do either or accomplish any other good purpose, has not been proved by an experience of thirty years. That the little good they might have accomplished by judicious enforcement has been deeply overshadowed by the evil results and injustice of their tyrannical enforcement, is apparent to every lover of justice who has given the matter due attention. It seems that the enforcement of these laws has fallen into evil hands—political stool-pigeons—who, elevated to positions of power, are the worst of tyrants. Give them an inch and they take an ell every time. The real intent of the prime movers for medical legislation has been made manifest by their czar-like enforcement. At the present time there can be but little doubt that selfishness and self aggrandizement furnished the motives that prompted medical legislation. The medical colleges of America wanted more money and as only a very constant proportion of a population will engage in any particular business or vocation, the number of students could not well be doubled, but the cost to each individual student could be doubled by spreading a two-

years' curriculum over four years of time. And as a sort of reciprocity for the additional expense to the student, medical practice was to be made more secure by state laws preventing physicians moving at pleasure from one state to another. No doubt they would prevent physicians moving from one county to another if it were possible to do so. Only a small minority of all physicians ever desire to change locations, hence the vast majority is not affected or inconvenienced by these laws, and lacking that broad catholicity that should obtain in and govern the profession, the majority cares nothing for the inconvenience or even the destruction of the few. They reason that if the minority is crushed or driven out of the profession the more practice will be left for the majority. This kind of selfishness is unworthy of a noble profession. I do not believe that a majority of physicians reasons that way or is in favor of such medical legislation as we now have in most states. Such legislation exists because the majority has been quiescent while the agitators for these laws have been in a state of active eruption. The real majority of the profession has, I believe, passively allowed itself to be misrepresented to our state legislators and has passively allowed some excellent men and physicians to be persecuted under these tyrannous laws without a single word protest. It is encouraging to note that since the injustice of these laws has been brought to the notice of the profession the words of protest are not so rare and timorous as they once were. Last winter these protests from an awakened professional conscience defeated neronian medical bills in several states. Three or four states, so I have been informed, have recently declared certain provisions of their medical laws unconstitutional, and their constitutionality is being tested in several other states. There is also a growing sentiment in favor of carrying a test case to the United States supreme court.

In a case involving the right of state legislatures to enact laws for the protection of the public health and morals, the United States supreme court said: "If, therefore, a statute purporting to have been enacted to protect the public health, the public morals or the public safety, has no substantial relation to these effects, or is a palpable invasion of rights secured by the fundamental law, it is the duty of the courts to so adjudge and thereby give effect to the constitution."

Medical laws are invariably enacted under the pretense of protecting the public health. The real question, then, for the courts to decide is whether these laws bear any substantial relation to the public health. At first glance it appears that a law that would drive two or three thousand ignorant quacks from a state, would naturally "bear some substantial relation to the public health." But this is a very superficial view of the matter. If after fifteen years of medical experience, after the quacks have been driven from a state, the death rate has largely increased, while it has steadily decreased in the state to which the quacks were mostly driven, the argument is in favor of the quacks. Absurd as such a statement may seem to some readers of the Recorder, it can be substantiated by reliable statistics. After thirty years' experience with medical laws and persecutions of unlicensed practitioners, we have absolutely nothing to show their substantial relation to the public health but an increased death rate. How does an increased death rate show a substantial relation to the public health? Surely such a condition of affairs could only be brought about by driving unlicensed, though capable and honest practitioners out of business, thereby giving the licensed

quacks a better chance to increase the mortality list.

I am no friend of the ignorant quack, but I am doubly the enemy of the licensed quack who wears the livery of the state to serve the devil in and degrade a noble profession. A law that would drive out the learned and licensed quacks as well as the ignorant ones would soon show its substantial relation to the public health.

A national bureau of vital and sanitary statistics, with power to inquire into the cause, prevention and treatment of disease, would soon show the points at which restrictive legislation should be aimed. Such a bureau would naturally retard the progress of fads with their inflated statistics, and by eliminating isms and pathies, bring the profession together on an equal footing, unrestricted by state lines. It would soon show the best methods of treating disease, and by mere force of evidence compel the quack to become honest or change occupations. Other advantages of such a bureau will suggest themselves to readers of the Recorder.

J. W. Lockhart, M. D.,
St. John, Wash.

## MEDICAL LEGISLATION.

I have carefully read Dr. Lockhart's communication on medical legislation, and I find it contains a kernel of truth, but I imagine the writer has had an unsatisfactory experience with a state board, hence is unable to view this matter as broadly and impartially as he otherwise would.

I personally know of an instance of a state board of a western state that would exactly fit his description. A number of young men from the best schools of the United States and Canada came up for examination and just 25 per cent. were successful. The experience of one young man may be of interest. After paying the twenty dollar fee for the privilege of taking the examination, he had not the where-withall to pay carfare, so he took a freight and was out all night, but was in time for the opening session, took the examination, failed and was compelled to leave the state. He was the honor man of his class in a recognized medical college. Who could blame that doctor if he was ever after a bitter enemy of all medical laws? I have lost track of him, but I would be very much surprised if he is not doing well in his professton, much better in fact than the secretary of that board, who moved regularly from one to another small town of that state. The president of that board, who by the way was a very successful practitioner, on being asked if he could pass the examination they were about to give, remarked that he would not think of attempting it without six months hard study away from his practice. But this was an exceptional case, and not the rule.

Medical laws were not framed with the object of persecuting any well qualified physician, although unfortunately they sometimes have that effect, Physicians as a class are anything but selfish or tyrannical. I am informed that our state board is very much handicapped by the inability to find physicians to lodge complaints against the charlatans and quacks who are so numerous.

Four years is none too long a time for a medical course, provided the course is practical. There are many subjects that are not dealt with that could be profitably taught, such as hypnotism, suggestion, etc.

I cannot agree with the statement that medical schools are money-making institutions; but unfortunately they are frequently started as a polite way for the professors to advertise and not to fill a long felt want. There was no crying need of a medical school in this

state, certainly not for two. Let the number of medical schools be reduced until they can be brought under strict control through supervision of competent inspectors, after the manner employed with our accredited high schools. Let us begin our regulating at the fountain head. Then allow these colleges to issue a diploma that will allow the holder to practice anywhere in the United States.

Dr. Jacobi, in an address delivered before the thirteenth international medical congress, Paris, in August of this year, in referring to our medical laws, says: "The greatest difficulty is found in the different standards of the people of our vast territory. Indeed, every century and every people have exactly the doctors it deserves, just as it has the rulers it deserves. That is why it is so difficult to arrive at a uniform standard all over the United States and to arrange reciprocity between the single states which would allow the doctor of one state to settle in another."

Dr. Jacobi is honored and respected by every regular physician, and I would not for a moment think of putting my opinions against his, but I do not understand that statement. Another recent writer on the subject has said: "We would require at least four standards." If he would give his grading according to location, we might understand him better.

If I were grading and placing the physicians, I would place the most skilled in the outlying country districts, but I fear this is not their idea. The general practitioner in the most populous centers always has the specialist at his beck and call. In fact if he lives up to what is expected of him by the various specialists, he acts as a sort of middle man to advise his clients when and what specialist to call. The man in the thinly settled districts has to depend entirely on himself. Please do not confound culture and requirements of polite society with medical skill. The only possible exception I can see to a single standard would be among the colored race and mountain whites of certain of our southern states; their inability or disinclination to pay would seem to preclude them from employing skilled physicians. But I do not know of any state as a whole that would deserve to have the standard lowered. Unfortunately there are always members of the regular profession who value their services at almost nothing. Usually one or two such physicians can be found in every city of five to eight thousand inhabitants. They will generally be able to fill the demand for cheap doctors.

I fear we will have the licensed quack with us always until our colleges will issue their diplomas good for life or during good behavior. We see his likeness and advertisement with large headlines announcing that he is licensed by the state board of medical examiners, consultation free, sandwiched between the cut and pedigree of Col. Stetson's stallion and Deacon Jones' Durham bull, in all of our country papers. But those methods are too coarse to appeal to but very few members of our profession.

The statement that quacks lower the death rate, is unique, to say the least. If it can be proven, all I have to say is is, "Blessed be the quack."

In comparing three states whose physical conditions are much the same, viz: Wisconsin, Iowa and Minnesota, we find much the best conditions in that state whose law is the strictest and has been in operation the longest. Let us hold to what we have until we can obtain something better. State reciprocity would practically do away with all opposition among really competent physicians.

F. R. Hyslop, M. D.,
Whitewater, Wis.

## THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

Any book reviewed in this department can be obtained of the publisher of the Recorder.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS. A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, LL. D., M. D., Queens University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its Causes, Symptoms, and Treatment." Fifth Revised and Enlarged Edition. With numerous illustrations, including photo-engravings, colored plates, and tables for estimating total solids from specific gravity, chlorides, phosphates, sulphates, albumin, reaction of proteids, sugar, etc., in urine. 6 x 9 inches. Pages xvi –406. Extra Cloth, $3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

At the present time, a thorough knowledge of uranalysis is a necessity to the progressive physician and a work as elaborate and complete as this is an invaluable working guide. No better recommend can be given than that five editions have been required within five years, the previous edition to this having been issued in 1898. The following from the preface to this edition shows what improvements have been made:

The present edition of this work consists of a careful and thorough revision of the last one, with the addition of much original and new matter, including a new chapter on microscope and its use in uranalysis. The author has much pleasure in now fulfilling a promise made in the first edition, viz: to extend the range of centrifugal analysis so that it should include more complete as well as more practical data for urinary work. Although requiring over five years' labor for its perfection, centrifugal analysis has now been elevated to a scientific process, justly entitled to rank among the so-called exact methods of analysis. By means of the improved methods and new tables herewith introduced, the quantities of albumin and chlorine, of phosphoric and sulphuric acids in the urine may be simply and rapidly determined, both relatively and absolutely, with a degree of accuracy equal to that of any other method.

The physician is often led to purchase a microscope for the chief or sole purpose of urinary examinations. In doing so the next step is to learn how to make satisfactory examinations of urine therewith, In purchasing a work purporting to explain the use of the instrument, as a rule little or nothing will be found therein relative to microscopical examinations of the urine. In turning to systematic treatises on the urine, as a rule, an equal lack of information on the subject is met with. The above mentioned are some of the considerations for introducing in the present edition a separate section intended to furnish a general idea of the microscope itself and its special use in urinary work. While this section is by no means claimed to be exhaustive, the author hopes that the beginner will find therein some useful and practical suggestions to aid him in his work.

The chemical department of the work has been carefully revised, a few quantitative methods have been added where previously omitted, and nearly the whole subject of testing for albumin in the urine, both qualitative and quantitative, has been rewritten. In short, an effort has been made to improve the work more especially in its

practical bearings on clinical medicine, as well as to bring it thoroughly up to date.

MEDICINE AS A BUSINESS PROPOSITION, by G. Frank Lydston, M. D., Professor of Surgery of the Genito-Urinary Organs and Syphilology, in the Medical Department of the State University of Illinois; Professor of Surgery Chicago Clinical School. The Riverton Press, Chicago, 132 Market St. Price, 25 cents; paper.

We have read with much interest this booklet, which is written in Dr. Lydston's original, inimitable style. He hits the weak points of the profession to perfection and if every physician would read this pamphlet and profit thereby, the condition of the profession would be immensely improved. If some rich and philanthropic member, if there be such, of our profession would buy about 100,000 copies of this little book and send them to the doctors of this country, he would do a most meritorious act.

The subjects considered are: Medicine as a business propositiou; financial rewards of the practice of medicine; false pretenses of prosperity; lack of judgment of human nature; college, hospital and dispensary evils; medical "tin gods;" superabundance of medical colleges; inconsistencies and absurdities of ethics; ready-made doctors and proprietary medicine fakes; our co-laborer, the druggist; relations of doctors to corporations; fees in general, and excess of "business zeal."

We give a few brief extracts from Dr. Lydston's dissertation on professional finances:

As a general proposition it is safe to assert that the practice of medicine from a business standpoint is a failure. The successful exceptions merely prove the rule. It is also safe to assume that the elements of financial non-success are cumulative in their action—a fact that is easily proved by hospital and dispensary statistics. The average income of the physician is less than that of the high-class artisan, the telegraph operator in an important office, and far less than that of the wide awake commercial traveler. This, like many other points that will follow it, is threshing over old straw, but such threshing is unavoidable.

It requires no great mental effort to see the terrible load the profession is carrying—self inflicted, and often for fallaciously selfish motives, it is true, but none the less heavy. The college and free hospital may be the professional "old man of the sea," but so much the worse for the medical Sindbad. Whatever the explanation, private practice is on a par with dispensary practice with regard to the impositions practiced on the doctor. It is safe to say that, of the sum total of surgical and medical patients of all kinds and social conditions under treatment in Chicago at the present time, over one-half are paupers—honest or dishonest. Pay the doctor for the work involved in this wasted and misapplied charity, and the medical profession would plunge into a sea of prosperity that might swamp it. And it is not only the rank and file of the profession that suffers. Ye celebrated professor, reaching out for glory; yea, into infinite space, clutching frantically at everything in sight, no matter how profitless—providing the other fellow don't get the case—often defeats his own ends. And the great man dies, and is buried, and we take up a collection for his widow, to meet his funeral expenses, and sell his library—six feet of earth make all men of a size. Sic transit gloria mundi.

One of the most potent causes of professional poverty is the mania of the doctor for a pretense of well-

doing. He exhibits this in many ways. One of the most pernicious is an affectation of contempt for money. This it is that often impels him to delay the rendering of his accounts. Oftentimes his patient offers to pay all or part of his bill. With a lordly and opulent wave of his marasmic hand the doctor says, "Oh, that's all right; any time'll do." And the triple-plated medical imbecile goes on his way with a dignified strut that ill befits the aching void in his epigastric region, and is decidedly out of harmony with the befringed extremities of his trousers. And then the doctor apologizes to himself on the ground of a philanthropy that is but the rankest and most asinine egotism en masque. When will the doctor understand that payment deferred maketh the patient dishonest? When will he consider the necessities of his wife and children as out-weighing the feelings of the patient who owes him money? When will he be a man, and not a time-server and truckler to appearances? He would take the money did he not fear the patient might suspect that his doctor was not prosperous. He wishes the patient to think that the doctor and his family dine with the chameleons, or are fed by ravens. Yet the medical Elijah waiteth in vain for the manna-bearing birds—they know him for what he is, a counterfeit prophet who vainly yearns for the flesh pots of Egypt—who has a ponderous and all-consuming desire for pabulum, and a microcephalic capacity for finance.

INTERNATIONAL CLINICS: A quarterly of Clinical Lectures and especially prepared articles on medicine, neurology, surgery, therapeutics, obstetrics, pediatrics, pathology, dermatology, diseases of the eye, ear, nose, and throat, and other topics of interest to students and practitioners, by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., director of the Ayer Clinical Laboratory of the Pennsylvania Hospital, with the collaboration of John Ashhurst, Jr., M. D., LL. D., and Charles H. Reed, M. D., of Philadelphia, James T. Whittaker, M. D., LL. D., of Cincinnati; with regular correspondents in Montreal, London, Paris, Leipsic, and Vienna. Volume 11, Tenth series—1900. Philadelphia, J. B. Lippincott Co., 1900. Cloth, $3.00.

International Clinics has now reached its tenth consecutive year of publication, and from the first has been most favorably received by the members of the medical profession and occupies a field peculiarly its own. Its contents are composed of clinical lectures so written as to embody the polyclinic idea of teaching and of practical articles written by specialists upon topics of interest to the general practitioner.

This issue is richly illustrated with cuts and plates and the contributors are selected with care both from Europe and at home. This number contains the last literary work of the lamented Ashurst and Whittaker. These gentlemen exercised their judgment upon a number of articles as to whether or not they should appear in the pages of the clinics.

Amongst such a wealth of articles as this volume presents, it is impossible in our space to notice all, but we call attention to a few of them which especially impressed us. The article on "Locomotor Ataxia," by Dr. Hugh T. Patrick, of Chicago, gives one of the clearest pictures of this disease we have seen and makes the diagnosis clear to even the unexperienced. Worthy of special mention also is the article on "The Early Ocular Symp-

toms of Tabes Dorsalis," by Dr. Louis Stricker, of Cincinnati. "Therapeutics of the Unborn Infant," by Dr. J. W. Ballantyne, of the University of Edinburgh, is of practical value. "The Kromskop," by Dr. H. W. Cattell, of Philadelphia, is an article illustrated with plates which all will find instructive. We quote from this article sufficient to give some idea of the kromskop.

Every since the discovery of Daguerre that a permanent record of an image could be made by what we now call photography, earnest investigators have endeavored to reproduce in a picture not only the lights and shades of the image, but its proper colors also. Indeed, the early workers were confident that their hopes in this direction would be realized within a short time. I have been told on reliable authority that in the forties the then professor of chemistry in Princeton College, while experimenting with the making of daguerreotypes, actually reproduced the natural colors in a picture. And so ignorant was he of the true nature of the daguerreotype that it was thought, both by him and his assistant, my informant, that a colored photograph might be reduced by following out the details of the process itself. Much to his disappointment, however, the picture faded away, and the professor was never able to secure a like result, though he repeated his experiments many times with similar solutions in the hope of so doing. It is possible that he may have hit upon the interferential method of Lippmann for producing colored pictures, which consists in passing the objective rays through the photographic plate and then reflecting them back by a mercury trough.

In 1861, Professor James Clerk Maxwell, suggested that three seperate photographs could be made through solutions of the three fundamental colors, and that the same colors properly placed before the three magic lantern slides might blend them together so as to produce the color-values of the object photographed. Collen, Ransonnet, Du Hauron, and others were unable to produce practical results of any value, though careful workers in this field of research.

To Frederic E. Ives is due the credit of rendering previous theories practical by new applications of certain facts already known. His first publication upon this subject appeared in the Journal of the Franklin Institute, of Philadelphia, January, 1889, page 58, his first practical demonstration having been given before this society in February of the year previous.

By taking three negatives through three composite screens, represented by the colors red, blue, green, adjusted to the requirements of the negative plate employed, and, by the aid of a specially constructed magic lantern, again passing the three images through pure color-screens of red, green, blue, he superposed the three pictures the one upon the other so as more or less perfectly to reproduce the actual appearance of the objects photographed.

Working along this line, he devised an instrument which has received the by no means euphonious name of kromskop, which means to see color. By the use of this optical instrument one is able under suitable conditions to see a stereoscopic picture reproduced in colors. Theoretically it should be possible to reproduce every color, but practically it is found that certain colors are capable of more exact reproduction than others.

Self Culture Magazine has changed its name to Modern Culture. The general scope of the magazine will be the same, but the name Modern Culture will cover its objects better than the old name.

# The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

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## LEADING ORIGINAL ARTICLES.

### SUCCESSFUL LIVING.

By Joseph Adolphus, M. D., South Atlanta, Ga.

I have frequently thought of the great importance of training the minds of young people with the first principles of physiological knowledge, which I believe to be the grand bedrock of a knowledge of the principles of life and health.

Life and health are correlative to the successful pursuits of life, both for a means of procuring an adequate living for the proper support of the body and promoting longevity.

As a general thing, long life is not sufficiently considered, nor are the means for promoting it earnestly considered. Long life depends on good health and health depends on rational living. That is, in the way we pass our time, the work we do and the kind of work, in the way we use our minds and in our associations with our surroundings.

It is important that we become intimately familiar with our surroundings, with the company we keep, with our associations and the control we have of our feelings, of our emotions and the attention we pay to our food and the state of our digestion.

In the first place all persons should have complete control over their emotions, be wise in placing their affections and should make good use of opportunities.

How often do men whom we regard as having good judgment fail to see their opportunities to improve their conditions in life, and who continue the ordinary humdrum of life, which goes on from day to day in the same old ruts and brings no improvement in their methods of doing and ways of living nor promotes their happiness and usefulness.

I know from experience and observation that many of us continue from day to day in the same way of thinking and living and are apparently contented with our lot in life, never for a moment taking a survey of what we are doing, letting matters and things go on in the usual way and are apparently unconcerned with the probabilities of the future.

Most men are unconcerned about the future, those who apparently are have drifted into a sort of religious indifference, hoping for the best and hardly endeavoring to make matters and things around them conspire to bring a better state of things. I believe men have their future in their

hands as regards the advantages they bring to better the state of their lives and their fortunes.

Man is a mysterious animal, he is always changing, looking for something better, and as the poet Alexander Pope said in one of his finest poems, "never is but always will be blest."

Some men believe that something will turn up that will decidedly improve their condition. They are in fact "fatalists." Other men believe that do their very best, nothing better that will improve their life will turn up. These are the most unfortunately conditioned men, simply because they do not see what they are doing nor how they are doing it. At other times, we see and know men who succeed in everything they undertake; whatever they touch turns to gold. As regards this matter, men differ with regard to the causes that conspire to bring this happy state of things about. I know a man whose friends recognize him as one of the "luckiest men to be found anywhere. He succeeds in everything he undertakes, yet when his mode of life and conduct is properly studied, there is the potent fact to be seen, i. e., he studies the "ifs and ands" and the wrong and right of everything he undertakes and is most always successful in his undertakings.

This man has nothing of the saint in the make up of his nature or his ways. He is as a general thing selfish and to a large extent indifferent to the wellbeing of his fellow creatures, though he cannot be called a bad man, yet he has no earnest and devoted friends; in nature he is, as I conceive him in my mind, a man after the heart of the notorious capitalist and very wealthy man of New York City, Russell Sage, whose intensely selfish and unloveable character is universally known, through newspaper reports of his remarkably selfish character and conduct and the way he deals with men.

The best characteristic a man can have is charitableness. We are here to help each other, this is the highest aim in life. Men of this character are always useful and happy. I know, the best thing a man can do to make him enjoy life is to do good to others, as nothing makes a man so happy as a knowledge he has benefitted a needy fellow creature.

The greatest man I have personally known was George W. Child of Philadelphia, whose death a few years ago was mourned by thousands of families among the working class, many of them being recipients of his disinterested charities. Unfortunately the leading newspapers had little to say of the death of Mr. Child, yet thousands of the working classes in Philadelphia had experienced the beneficence of his charitable acts. Mr. Child was successful as a business man, had earned a mint of money, came by every cent honestly, yet when he died he was not a rich man because he had bestowed thousands on thousands of dollars on poor men, during his life. In fact, he lived for others more than he did for himself. These men are God's own children and serve their Creator by doing good to their fellow creatures. No rich man can bestow the money he makes to so good an end as to give it in acts of charity during his life and not wait till death closes his earthly career.

I believe a man gets his rewards for all the acts he does, good and not good. I am a firm believer in a future existance and the existance of God Almighty, I believe the doctrine of future endless punishment is a dishonor to God and an utter untruth. I do not believe that a fraction, a small fraction, of the people in civilized and enlightened lands believe it more. I believe enlightened people, as a general thing, are far from believing the

monstrous, infamous doctrine of the older race of ecclesiatics. As far as I know, our Hebrew brethren do not believe it. The Great Apostle to the Gentiles did not believe it nor did he teach it, and all his Epistles to the Churches never lisped a word of it. Farther, the doctrine of endless future punishment is not found in the Old Testament, nor did the most enlightened Fathers of the church in any way recognize it as any part of the Word of God.

## INSECT STINGS.

By R. B. Hopkins, M. D., Milton, Delaware.

Every physician meets in his experience patients who have been bitten or stung by insects. While some develop but slight symptoms, in others we meet with peculiar, if not grave complications.

A person some while ago, who was stung by a honey bee on the forehead, in a few minutes had developed a large blister over each eye the size of a walnut, in addition an urticaria covering the entire body.

A few days ago a young man while carrying a basket of tomatoes on his shoulder was stung or bitten on the neck. What the insect was he could not say, but the supposition is that it was a tomato worm. The sting produced a burning sensation at first and not severe, but in a few minutes it extended and included the entire right side of the neck, with pain gradually increasing. The skin was red and gave the sensation of fever on the application of the hand, although temperature was normal. The face also assumed a red and congested appearance. The pain gradually left the neck, darting into the muscles of the chest and abdomen, also extending to muscles of the back, causing them to assume a tense and at times a spasmodic action, giving very much the appearance of a person suffering from tetanus. It was with difficulty he could breathe, owing to the tension of the thoracic muscles. Drops of sweat rolled down his face, while his clothing was saturated with perspiration. Here, indeed, was a case with rather grave complications. The poison seemed to expend its force on the spinal cord. I. gave him a hypodermic of morphine, one-fourth grain with atropine one hundred and fiftieth grain; bathed neck with alcohol; placed hot cloths and plates to back and abdomen. Waiting one hour for the effect of medicine and seeing none, I gave one-half grain of morphine with atropine one twenty-fifth hypodermically; also by mouth gave half ounce of alcohol with two drachms of tincture opii camph. diluted with water. Within half an hour the muscles began to relax, breathing to resume normal rhythm, the sweating ceased and the patient, after two hours of intense suffering, gained relief. The next day while feeling very sore and stiff, he was able to attend to light work. This was the most pronounced case of nervous manifestation I have met with in stings of insects.

A patient while eating honey felt a sharp twinge in the tongue. In a few minutes the tongue began to swell and in a few hours began to assume large proportions. In fact the mouth was full of tongue, while a large portion protruded. Upon careful investigation the sting of a honey bee was found, which accounted for the glossitis.

Persons who work among bees become after a a while immune from the sting, in so far as any untoward effects are concerned. I have known a person to be stung by as many as twenty bees, yet felt no inconvenience aside from the immediate pain.

## THERAPEUTIC SUGGESTIONS.

By Edward C. Rothrock, M. D., Tennessee Colony, Texas.

(Tenth Paper.)

### EUCALYPTUS GLOBULUS.

The eucalyptus globulus, Australia blue gum tree, is now grown in California and Italy. The dried leaves are used for the medicinal preparations which are tincture, fluid extract, oil and eucalyptol. It contains tannic acid, a volatile oil, a fatty acid and a resin, which forms into turpene, cymol. There are three oils that distill over, the first product is termed eucalyptol. It acts through the cerebro-spinal system; it acts on the mucous membrane of the throat and of the intestines and acts on the kidneys. It is employed in febrile and septic maladies, catarrhal affections of mucous membranes including the genito-urinary apparatus.

Eucalyptus promotes the appetite, aids digestion, stimulates the flow of saliva, gastric juice and intestinal secretions, is a good tonic and of great benefit in dyspepsia; it increases urea and urine. Eucalyptus increases the heart's action and lowers arterial tension, over doses cause palpitation of the heart. Lethal doses inerease intestinal secretion, cause copious alvine evacuations, paralyze the spinal cord, and congest the kidneys. It is eliminated through the skin, bronchial mucous membrane, and kidneys.

It is decidedly anti-malarial in its properties absorbing noxious germs and enormous quantities of water from the soil, and by its emanations is said to purify the atmosphere in its vicinity. Eucalyptus is cultivated in malarial sections for this purpose and has rendered habitable a part of the deadly Roman Campagna. In malarial affections it acts well as an anti-periodic; in acute or chronic intermittent cases, malarial toxemia, it will cure where quinine has failed. We have often cured chronic malarial cases when every other remedy has failed with fluid extract eucalyptus, thirty drops every three hours. It reduces enlarged spleen. It acts well in chronic catarrhal affections of the genito-urinary organs, post nasal catarrh, broncho-pulmonary diseases. Where there is bronchorrhea or muco-purulent expectorate eucalyptus will act like a charm. It is of special benefit in catarrh of bladder and we have often cured such cases with it. Its peculiar affinity for mucous membranes renders it a charming remedy in all such diseases.

In leucorrhea and chronic gonorrhea it is of decided benefit. In bronchitis, acute or chronic it is very useful, particularly in the chronic form. In asthma it relieves per orem, and smoking the leaves is very beneficial and can be combined with stramonium leaves with advantage. In chronic gastritis it is curative and in that condition of the intestinal tract favoring formation of parasites, fluid extract eucalyptus forty to sixty drops three times a day will act promptly. An enema will quickly destroy ascarides. It is a good tonic, antiseptic and stimulant in cachexia and in convalescence. It is of great benefit in stomatitis and tonsillitis given in ten to twenty drops every three hours. The leaves applied locally are very prompt in effects. Eucalyptus is a potent disinfectant destroying low forms of life, hence it is a fine wash for ulcers, wounds, etc. It acts well in hysteria and chorea in debilitated cases. As a reconstructant in malarial poison, fluid extract eucalyptus forty to fifty drops every four hours is one of the first remedies. We also use helonias dioicia, thirty drops specific tincture alternated. Preparations of iron should be used, the pyrophosphate is a good preparation, and will assist in the blood forming functions. Other remedies of course should be used when indicated to help the

cure, invigorate and help build up the system.

The oleum eucalypti five to ten drops in emulsion or capsule is efficient in diseases as the genito-urinary organs, especially in catarrhal affections of the bladder and acts promptly and certainly. Urethritis and cystitis, oil eucalypti ten drops, myrtol three drops three times a day will cure promptly. If applied to the skin and its evaporation is prevented, it will vesicate or produce pustulation. If the oil is given in large doses, twenty to thirty drops, it is very irritating to the stomach producing burning sensation and great pain. When properly used eucalyptus globulus is a valuable remedy.

EPIGEA REPENS.

The common names of this plant are winter pink, gravel weed, mountain pink, ground laurel, May flower, etc. It is a small plant, with woody stems, six to twenty inches long; leaves are evergreen, alternate, cordate-ovate, entire, two and one-half inches long; short point, stands on slender petioles. The flowers bloom in April and are white or tinged with various shades of red and are very fragrant. Its habitat is North America and it grows in sandy woods and is found from Canada to Pennsylvania. The plant is said to be injurious to cattle when eaten by them. The leaves are the officinal part and yield their properties to water and alcohol.

Epigea repens has diuretic and astringent properties and is a valuable remedy. We have found it very useful and beneficial in gravel and other diseases of the urinary organs. Its action is similar to buchu or uva ursi, but we have better success wlth it when they fail. Epigea is prompt and sure in its action and is an elegant remedy for all urinary difficulties. In cystitis specific tincture epigea twenty to thirty drops every three hours has a positive effect. In chronic muco-cystitis it is of great advantage, alternated with fluid extract rhus aromaticus twenty drops every three hours; this is good treatment and will cure. I also give it with good results in the following combination:

℞ Fld. Ext. Epigea Repens
Fld. Ext. Rhus Aromat. aa ʒ ii
Potass. Bicarb ʒ;
M. et. S. Thirty to forty drops every three hours as indicated.

If there is suppression of urine, or inflammation of the urethra, we have good results with epigea and often have combined it with queen of the meadow and marsh-mallows, and it will prove curative every time. In oxalic deposit we do not think it is of much utility. Years ago, we frequently cured dysentery and diarrhoea in children with the tincture and with the infusion. A wash of it in leucorrhea, is valuable. In suppression of the menses, we have seen decided benefit from its use. In Bright's disease it is peculiarly adapted for relief of that trouble, or any disease accompanied with albuminous urine. It will at least act as a factor in the cure. In fact, epigea repens will be found efficient in many diseases of the urinary organs and of the pelvic viscera, particularly in those irritated cases where a diuretic is indicated.

In diabetes mellitis, the specific tincture twenty drops every three hours has good effect alternated with rhus aromatica twenty drops, will act promptly. We have treated a good many cases thus with good effect. One case, an old man 70 years of age, passing large quantities of urine, specific gravity of urine 1040 and yielded a very large per cent. of sugar. We used nitrate uranum, nux, trillium, etc., and other remedies without much benefit, and in two weeks the quantity of urine was not much reduced. We ordered epigea and rhus aromaticus twenty drops of each every three hours.

In this and several other cases a remarkable improvement was had. The quantity of sugar and urine was quickly reduced in from 8 to 10 days, 1030 specific gravity; in from four to two weeks appetite good, and gaining in flesh and strength. Apis mel. two drops will act promptly, frequently in this disease; fluid extract of asclepias syriaca is also a good remedy. Apocynum cannabinum specific tincture twenty drops acts well sometimes. Eunonymus atropurpureus twenty drops or bryonia ten drops every three hours if liver is torpid; both exert a marked influence over the liver, stimulating the nutritive processes and improving digestion. Chloride of gold 1-50 three times a day is often very useful and pilocarpin is also a fine remedy in diabetes.

In chronic Bright's disease when the urine is voided in small quantities, deficient action of the kidneys, specific tincture epigea twenty drops every two hours, alternated with apocynum cannabisnum 20 drops or chimaphila or tincture eupatorium will have desired effect. If this disease is caused by the use of alcohol then arsenic (Fowler's solution) two drops three or four times a day, with specific tincture three to five drops every four hours will meet this condition. If there exists a cachetic condition of the system and suppuration, then chloride of gold 1-50 gr. three times a day will do good. Sulphide calcium two to four grains is also good in this condition. The echinacea augustifolia tincture is a superior agent in such conditions; thuja is also a good remedy. Phosphate of lime, or zinc will act well. Chionanthus fluid extract twenty to forty drops will regulate the liver and increase assimilation.

Tincture epigea repens twenty drops every two hours and tincture cantharides two drops every hour or two are good in interstitial nephritis. If delirium supervene, use belladonna two drops every three hours. Staphisagria is a splendid medicament in this disease. It is a specific action upon the genito-urinary organs in both male and female, quiets irritation of the testes and prostate and influences the kidneys ane bladder, subduing irritation and inflammation of those organs.

## ARSENIOUS ACID AND YELLOW FEVER.

By Dr. Ismael de Rocha, Rio de Janeiro, Brazil.

Director do Laboratoria Militar de Bacteriologia.

In the memorial of our illustrious colleague, Dr. Eduardo Magalhaes, is contained the following information. Of the immunity of those who submit themselves to the arsenical prophylaxis, distinguished colleagues give the following testimony:

"Dr. Jose Ferreira de Camargo is enthusiastic on the prescription on whose efficiency he considers himself an example. This colleague, after a long stay in Europe, returned here during the epidemic of last year, did not spare himself while acting as assistant hygienist. Having contracted the yellow fever, he adopted the arsenical preventive, to which he attributes the benignity of his sickness, and is consequently an enthusiastic advocate of this protective measure. Mild cases of yellow fever occurring among persons using arsenic have also been observed by Dr. Araujo Mascarenhas. The distinguished colleague and friend, Dr. Jambeiro Costa, another propagandist, in his large practice, mentioned to me among other cases that of his coachman, a stranger and having but lately arrived in Brazil, a man of strong constitution, who had safely passed through the epidemic through the use of arenical solution. Dr. Souza Brito, an illustrious colleague, interne at the hospital of Isolation, did not, among the many

patients gathered there, meet with a single one who had used the prophylactic. An ardent defender of arsenical prophylaxis, he says he has not met with any cases of failure during the epidemic of 1892 in Barra Mansa, there being elsewhere a large number to whom he had prescribed it, among them pregnant ladies. The indefatigable delegate of hygiene, Dr. Domingos de Azevedo, attests a similar result, not having observed any cases of yellow fever among those using the arsenic. It behoves one to mention among the colleagues who praise arsenical medication, Dr. Antonio de Campos Salles, whose name I have already had the pleasure of quoting. This colleague not only used, but also largely advised the use of arsenious acid. Dr. Diogo de Faria, director of the disinfectorio Ceral de San Paulo, commissioned by the governor, and who gave valient service, constantly used arsenic during the epidemic in which he was always accompanied by colleagues worthy the commission. Other colleagues, like Drs. Guilherme da Silva, Germano Melchert, Vjeira Bueno, Castro Menezes, Adriano de Barros, Cunha Motta, Alfredo Benjamin and others are indorsers of arenization prophylaxis. It would be tiresome for me to enumerate all the cases of immunity due to arsenization known to me. The result of this promulgation, which I gladly assume, is its own justification and the confirmation of the advantages of arsenization prophylaxis of yellow fever.

The formula which I adopted is that of Dr. Rego Cezar: Ten grammes of the solution of Boudin to 300 grammes of distilled water. The ordinary dose is two teaspoonfuls for adults and two teaspoonfuls for ehildren, daily. Dr. Ismael de Rocha, in an article of December 2, 1896, considers as sufficient a fractional and progressive dose of from two to four milligrammes of arsenious acid a day (four to eight tablespoonsful a day); for adults one-quarter of a milligramme, up to the maximum of two milligrammes for children, according to age. This subject deserves the attention of those interested in the issue of arsenical prophylaxis. If it is imprudent to increase the dose of arsenious acid, it will not be prudent to reduce it to negative conditions. A much diminished dose is sometimes insufficient to forestall the effects of a powerful cause, as is the germ of yellow fever.

According to Dr. Ismael de Rocha, arsenious acid may be prescribed with considerable freedom for the gastric intolerance is the criterian for interrupting medication. Boudin judged it necessary to increase the dose to intolerance against marsh fever, as one should not fear that accident because it is overcome by stopping the medicine. I think that one ought to begin with two tablespoonfuls of the solution daily, as per formula, in the beginning of the epidemic, or better, at the beginning of the summer. Upon the appearance of the epidemic, pass on to three spoonfuls a day (i. e., one spoonful three times a day) and a fourth one each day in the case of strangers or in those who who have resided less than five years here; and for children, always considering the age, raise the dose to four teaspoonfuls, or even a little more."

The objection may be offered that it is unwise to intrust such weapons to the masses. I do not think so. I consider that one of the advantages of arsenization prophylaxis is the facility of its use. It will become a popular recourse within the reach of all, and thus to avoid accident, we have indicated the formula and daily dose; and we shall recommend expressly its interruption at the first sign of intolerance, an injunction which is within the pale of all intelligences. The physicians, however,

might raise the dose to the maximum whenever they deem expedient. My fear, I confess, is that prophylaxis may fail sometimes through insufficient preservative action. The formula for taking it is that advised by Dr. Rego Cezar and to which Dr. Eduardo Magalhaes referred to above—300 grammes of Boudin's arsenical solution. Of this mixture a tablespoonful, heaping full, must be given daily, in the morning and at night; for adults, a teaspoonful daily, in the morning and at night to children. These doses may be augmented upon the advice of the physician, but there is no use of giving more than a double dose; besides the use of the preparation should be uninterrupted during the whole of the epidemic. Thus I consider sufficient for the desired end, the daily dose of fractional and progressive, two to four milligrammes of arsenious acid for a maximum for adults, and from one-quarter to two milligrammes for children, according to age, who tolerate it well within indicated limits. Some colleagues prefer to take Boudin's powders in equivalent doses, but always when possible they give preference to the solution of Boudin, mentioned above. I have noticed that the arsenite of soda, the basis of Pearson's solution and Fowler's solution, commonly known by the people (the arsenite of potash) do not merit so much confidence as arenious acid for the end we have in view.

If arsenic has antiputrefactive effects (parasiticide and antifermtative) of such an order that they indicate its use for the preservation of corpses (because experience has already shown that the corpses of persons poisoned by arsenious acid do not putrify, but mummify). If Trousseau has recommended it as a remedy of a power almost infallible as a vermifuge; if it is known that it retards the putrefaction of the blood, of the muscles and of the nerves, being used as antiseptic in embalmments and for indefinite preservation of animals, birds, etc., destined for museums; if Bohm and Johannson showed its power against the development of ferments formed in urine and milk; if arsenious acid is very poisonous for the bacillus comma (Koch) as likewise to certain vegetables and inferior animals; if divers authors have praised it as a valuable agent of prophylaxis in infectious diseases (malaria, variola, scarlatina, diphtheria and influenza); if Prof. Patain alluded to its prophylactic value against infectious diseases when a year ago he presented to the Paris Academy of Medicine a work by Dr. Hilario de Couvea which recommends arsenic as an effective preventive of marsh fever, it seems that there is no reason for considering as unscientific its use as prophylactic in yellow fever, since trustworthy observe emphasize the value of this property, which no one any longer doubts except those who are dominated by preconceived ideas and have not addressed themselves to employing it to this end.

Moreover, arsenic is corrective of malassimilation, because it diminishes oxidation, excretion of urea, and consequently retards waste of the organism, at the same time exciting the appetite and stimulating the digestion, which according to Dujardin-Beaumetz, happens regularly under its influence. This property alone is sufficient to justify its prophylactic use against yellow fever, which always reveals itself by digestive perturbations accompanied by general symptoms.

Being, as it is well tolerated by children and adults, in small doses, and not having the effects of intolerance (diarrhoea, colics, headaches, etc.), unless when at the beginning relatively large doses are given its administration is very easy and without peril, provided the limits marked for

the dose for each day are not exceeded, because it is here that a question of a remedy which, like many others, is in large doses excessively poisonous.

The commercial houses that constantly secure guests coming for the most part from neighboring countries or from the south, the directors of colleges, public and private, where a large number of children is crowded together, the managers of factories that count many recently arrived employes, the families which put their children in a condition of receptivity, and finally the strangers who come to our shores, will profit from this publication of the prophylatic virtues of arsenious acid against yellow fever.

It is no longer a question of isolated observation susceptible of reserve. By these few articles it is seen that already many of them are celebrated physicians who proclaim the benefits of arsenical prophylaxis. For my part I consider it a duty to always insist on the subject, basing my views on the resultsof what year by year is observed among the factory hands of the Luz Stearica, managed by Dr. Grandmasson, and absolutely spared by the yellow fever in all of our last epidemics.

## CHRISTIAN SCIENCE.

By J. T. McColgan, M. D., Arcot, Tennessee.

It is not my purpose in this article to enter into an elaborate discussion of the technique of this sect and those desiring information on this part of the subject are referred to Mrs. Eddy's book, Science of Health. I have no fear that any physician who understands even the elementary principles of suggestion will be led astray by a perusal of it, on the contrary they will interpret it better than do the disciples of Mrs Eddy themselves.

This branch of quacking claims to be a church with a healing attachment but the healing attachment has very much outgrown the church features. In 1895 which is the latest reliable statistics at hand we find them credited with 221 churches, church property valued at $40,666.00. Membership 8,924, a fraction over 39 members to the church and church property averaging $1,840, but as most patients cured, graduate by virtue of their cure into healers it is fair to presume that the membership has at least trebled during this decade, possibly in the last five years of the present decade.

This creed which has had its origin during the memory of the youngest of us was founded by a Mrs. Mary Baker Eddy of Boston, Mass., who claims to have been miraculously healed of a long standing disorder by the practical application of Bible truths which with her interpretation she embodied in a book called "Science of Health" or healing by grace of Divine Love. With Mrs. Eddy's scriptural interpretations we have nothing to do leaving her and the clergy to wrangle over that point but we do claim that her own statements prove to a practical psychologist that her mental concentration on one line of thought brought about that degree of expectant attention which we term the suggestive state and in this condition she cured herself by auto-suggestion and that her whole system is only a combination of mental and auto-suggestion.

The book itself upon fair critical analysis does not as has been urged in ridicule of it and also claimed by its more ignorant disciples deny the reality of matter, but is a rather clumsy attempt to show the influence of mind over matter and the mind's paramount superiority when it comes in conflict with matter. The attempt to make a scientific truth conform not only to her facts, but to the phraseology of biblicel relation leads to this error and tha

phrase "matter has no existence" is only a catch word relied on to fix the attention of the patient just as the hypnotist uses his fingers or a silver ball, rather than an essential belief which must precede successful healing. Then it is also an admirable scape goat for the healer if no cure follows, it is not for want of "divine power" in the healer, but lack of faith in the patient.

Appealing to the hungry human soul which longs for some higher power on which to lean, this system not only uses the most powerful suggestion, but also produces an equilibrium of mind which is so essential to all psychic healing. This far it is a strong card to the susceptible, but better than even this it teaches the sick how to remain cured by telling them how to live, how to act, and how to think, but in this latter part it commits the common error of encouraging the tendency to lean on some extrinsic power or force instead of developing that self reliance which only acknowledges the inherent power of organism to protect itself.

This peculiar sect of self styled christians do not appeal to or champion the poor as did the Nazarene, their mission is to the wealthy and well fed, the pampered and prosperous of the community and far from taking no thought of the morrow, they are as keen on the scent of the almighty dollar as any disciple of mammon, but it is a fact that the regular practitioner always has Christ's poor left to his share. No quack of any sort fishes for this class of humanity, the meshes of their nets are so constructed that only the gold and silver fish are caught and the common fry passes through to develop the altruistic instincts of the poor hard working regular. To sum up, there is but little science and that misapplied in the so called Christian Science and still less christianity. The Master himself unless he has changed his style would denounce them as hypocrites "reaping where they have not sown" and using his name for mercenary gain—but the fact remains that a great many cures are performed under their ministration and sometimes on patients the regular profession has failed to benefit and here is where the clash comes between them and the doctor.

Mrs. Eddy while acknowledging the power of suggestion disclaims its influence in her system of treatment and states that she distinctly teaches her disciples to forbear manipulation or contact of any kind with their patients. This shows how little Mrs. Eddy has informed herself of the range and power of suggestion. I have patients under treatment to whom I never speak a word or make a pass. When they take their seat for treatment they immediately fall into a hypnotic state, because they expect this condition and whether I touch or speak to them or not will affirm on waking that I gave them certain suggestions, these are memory echoes and are reproductions of suggestions previously given them, either in a former hypnosis or in ordinary conversation. You may talk to a patient before hypnosis and it will be impressed on his mind during the passivity of the sleep, or you may give him advice immediately after he comes out of the sleep and he will be more receptive than when numerous impressions through all the senses are crowding on his mind. Thus we can have pre-hypnotic, hypnotic and post-hypnotic suggestion and in sensitives either answer equally well.

Those who submit themselves to Christian Science treatment do so expecting to be healed. The passivity induced by relaxation and silent thought relieves nervous tension, this complete rest makes them feel better and this feeling fixes the idea, but they are being cured. In the case of sensitives hypnotic sleep is not essential to fix an idea, but the suggestive condition, i. e.: fixed attention is there all

the same. Physicians unconsciously utilize this power of the automatic mind daily and ascribe it to drugs, just as the disciples of Mrs. Eddy do to "Divine Love"; both underrate the power of the automatic mind to control bodily functions and believe that something extrinsic to the organism has more power over it than the organism has over itself. The religious emotion being a compound of fear and hope is one of the first branches from the instinct of self preservation and consequently becomes an open highway for direct or implied curative suggestions to reach the automatic mind but one who imagines he is wielding the power of Almighty God is not apt to recognize any limitations to his power and so the healers allow patients to die that might have recovered by other treatment. I don't say that doctors don't do the same thing at times, but as a general rule they see their failures and my experience is that no one is more complaisant than a doctor when he has played out all his rope.

The remedy for this fad like all other fads is enlightenment, not only of the masses, but of the disciples themselves. Let them know the truth, the whole truth and the truth will make them free. It would certainly be an easy matter to convince anyone not an idiot that a whole is greater than any of its parts and that he who understands and utilizes all methods of suggestion will likely be more successful than one who exploits only one branch of it with little or no knowledge of the laws that govern that. If the medical profession does not wish to be submerged by these psychic fads it must be roused up and do something itself. It really has a great advantage if it will only discard a few effete dogmas and utilize the real truths it possesses, it has influence, it has prestige, it has training, now let it exercise common sense and become a teacher instead of an arbitrary despot and the dawning years of the 20th century will see it take the rank it ought to take.

## BOOK NOTES.

A new edition of the now well-known "Reference Handbook of the Medical Sciences" will be issued by Wm. Wood & Co., New York city. The first edition of this great work met with a large sale, and the new edition will be welcomed by thousands of physicians, not possessing the work.

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J. B. Lippincott Company will soon erect an elegant and spacious new building in Philadelphia for its large publishing business. The new Lippincott catalogue of medical books contains fine portraits of many well-known medical men, and is well worth sending for.

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Lippincott's Magazine for October contains the complete novel, "My Captive," by Jos. Altsheler, and a good variety of other literature. "Autumnal Odors" is an article of merit, by the naturalist, Charles C. Abbott, M. D., "The Battle of Solferino," and the biographical sketch of Mary Leiter, are leading articles.

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Modern Culture for October contains as usual a good assortment of instructive and entertaining articles, such as a busy physician appreciates. Some of the leading articles are: "American Art at the Paris Exposition," "Democracy and Empire," "The Campaign Against Pekin."

* * *

"Panama and the Sierras" is the title of a new book of travel by Dr. G. Frank Lydston, of Chicago, soon to be published. Dr. Lydston is an entertaining writer, and this work will find a ready sale among his many medical friends.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

(Eighth Paper.)

### ASTHMA.

"Every man's boil is the sorest" is a quaint and true saying which is much older than this writer and its truth is more forcibly impressed upon his attention, by the fact that for many years he has been the victim of asthmatic attacks. Surely some one will say "Physician heal thyself" but this is not always easily accomplished, in fact in most cases its cure is not brought about, but while this is true, much may be done for the sufferer.

We desire to give the malady a thorough investigation and think we have some special qualifications for the task, as we can make every symptom, every deduction and conclusion square up to a too painful experience. Physicians may sit by the bedside of a sufferer and note the various evidences of the disease, but they cannot feel their pains, cannot appreciate their sufferings and their knowledge gained this way is at "second hand." It is only the shadow as compared with the real substance; but to one who has "been there" himself there is a real, a well understood message in every symptom, speaking louder and vastly more emphatic than the enumeration of a list of symptoms by a book.

With the idea that this is personal experience, we will proceed to the study of asthma. Mother called it phthisis and it was phthisis to her; little she knew of the nice distinctions made by the learned. As we grew older "chimney corner" authority taught us that the phthisis of childhood grew into the asthma of manhood, but long since we came to the knowledge that there is a vast difference between the two maladies, and we were really glad to find that ours was asthma and not phthisis. Asthma is said to be an expiratory dyspnea and while this is doubtless the fact, yet inspiration is greatly at fault, being almost an apnea and really it seems to be the chief trouble in our case and with the expiratory dyspnea with its forced, labored, prolonged, whistling breathing forms a picture that is full of horrors for us. The respiratory muscles cease their involuntary action and the act becomes a painfully voluntary matter, which makes it infinitly irksome, but thank God, it don't last forever.

There are several nice little theories concerning the etiology of asthma. Among which we may mention: First, spasm of the bronchial muscles. Second, swelling of the bronchial mucous membrane, called by Traube fluctionary hyperemia; by Weber, vaso-motor turgescence; by Clark, diffuse hyperemic swelling. Third: Curschman attributes the trouble to a special form of inflammation of the smaller bronchioles, bronchiolitis exudativa. Fourth: Other theories assign as the cause, spasm of the inspiratory muscles. Possibly all cases are not referable to the same cause. In our own case we are convinced that this spasm of the inspiratory muscles has much to do with the trouble. As stated every expiration is forced, every inspiration is a positive voluntary effort and between the two there is very little respiration at all.

In our case the disease follows a course of which it seems fond, having been transmitted to us from our maternal grandfather; while his children were exempt, it occurred in several of the second generation. It made its appearance with us when we were in our 35th year, probably being occasioned by an attack of acute bronchitis; at least the first pronounced attack was concurrent with that malady.

There are some peculiarities attending exciting causes which are worth mentioning. We are subject to night attacks where we now live, but only ten miles distant, where we have sojourned for months we never have had an attack. The difference in the places we never have been able to determine, nor to locate the exciting cause. Breathing the air of a musty room, dust laden air, an unpleasant odor, and even a perfume, or the scent of a rose will bring on an attack. The most severe attacks we have follow coryza. The inflammation following the continuity of the mucous membrane until it reaches the bronchial tubes sets up the trouble in its most severe form. Sometimes it takes several days to do this and we have been able to prevent the development of the attack from this cause but not often. Usually we have no premonitory symptoms. After a few hours sleep between two and four o'clock in the morning we are aroused by a most distressing want of breath, accompanied by a rough rasping hacking cough, which raises nothing, together with great oppression in the chest; the efforts to breathe become violent, all the accessory muscles are brought into play and we assume a knee chest position which affords us the greatest amount of relief possible, so far as position is concerned. Sometimes it is with the utmost difficulty that we are able to breathe. We remember walking on several occasions thirty or forty yards without being able to breathe, the memory of which is agonizing to us to this hour.

When the attack is caused by coryza we sometimes abort it by the use of a little granule composed of:

℞ Morphine sul. gr. 1-12
Atropine sul. gr. 1-600
Caffein cit. gr. 1-6

The morphine relieve the nervous irritability, suppresses the excessive secretions and stimulates the circulation. The atropine elevates the tone of the blood vessel, quickens the pulse, decreases the secretions, stimulates the respiratory centers and counteracts the constipating effects of the morphine. The caffein stimulates the nervous centers of the kidneys and diminishes the tendency of the morphine to produce nausea. The sneezing and nasal discharge cease, the nostrils open up and the other symptoms subside.

If the symptoms are not recurring, but we awake in the night with the dyspneic symptoms described, we arise and inhale the burning fumes of Dr. Scheiffman's "German Asthma Cure" and always find relief. Sometimes this relief is quickly over and in this emergency we call upon a remedy which has never failed to quickly give us surcease from this unbearable affliction, that is a hypodermic of morphine, and sometimes we add atropine. We possibly have to use this remedy two or three times a year, the Asthma Cure giving the greatest satisfaction in nearly every case. We have used other remedies with varying success. Glonoin has frequently relieved but its physiological effects which are easily produced in our case are very unpleasant, especially its headache. It affords speedy relief. In its stead we have used nitrite of amyl whose chemical and physiological nature differs very little from the former drug. If the attacks persist in recurring for some days we use potassium or sodium iodide, grains fifteen to twenty every two to four hours, to this may be add-

ed a drop or two of Fowler's sol. During the interval between attacks large doses of strychnine arsenate three or four times a day will have the happiest effect.

## VARIOUS SUBJECTS.

By M. G. Price, M. D., Mosheim, Tennessee.

We gladly continue this subject from last issue, feeling that it embodies a string of pearls of the greatest usefulness to our readers.

Ant. et Pot. Tart.—Tarter emetic is so well known that little need be said here. In small doses, gr. 1-67, it is highly useful in acute inflammations of the respiratory tract, especially pneumonia, bronchitis, pulmonary edema, catarrhal colds, laryngitis and tonsilitis. It is especially useful in children, in proportionately minute doses—gr. 1-300 to 1-100. It is quite efficient in acute glandular inflammations, as mammitis, orchitis, etc., and in serous membrane inflammations, as peritonitis, rheumatism, lumbago, pleurisy, etc.

Bryonin—Glucoside from bryonia alba has a specific tendency towards the serous membranes, useful in the second stage, after aconite has reduced fever, to limit effusion and promote its absorption, in pleurisy, pleuropneumonia, pericarditis and rheumatism in its varied locations. Good for "cold-on-chest," with dry, shaking cough, soreness or shooting pains. The small dose, frequently repeated, is by far the best. Shooting or tearing pains, increased by movement, are the special indications.

Brucine—Weaker alkaloid of nux vomica. Less stimulant to spinal cord and about one-quarter strength of strychnine; excellent nerve and heart tonic. One granule every one-quarter to one-half hour in emergencies; four to six times a day for continued effect.

Zinc Sulphocarbolate—Valuable antiseptic, particularly suitable to entire digestive tract; in catarrh of mouth, stomach or intestines—give freely in most cases; nausea, vomiting, diarrhea, etc. One to 12 granules every hour until effect; 3 to 6 granules in 1 ounce of distilled water as an eye lotion.

Colchicine—Alkaloid of colchicum. Specific in acute gout and very helpful in acute rheumatism. Should not be given for long periods—not longer than one or two weeks at a time; useful in gonorrhea. In obstructive diseases of liver give freely to drain portal circulation, sustaining the heart with opium, codeine. Also useful in acute cerebral congestion. Dosage, 1 granule, repeated hourly for effect. In rheumatic disorders, every two hours.

Macrotin—Resinoid from cimicifuga (black cohosh). Heart tonic stomachic, antispasmodic, aphrodisiac, diaphoretic, diuretic and expectorant. Its medicinal dose, however does not manifest these marked effects. Action on heart resembles digitalis, though feebler. On uterus and other unstriped muscles, resembles ergot. May advantageously be used in the place of digitalis, especially where the latter would be dangerous, as in dilated or fatty heart. Nerve tonic in alcoholism, functional impotence, etc.; also in neuralgias, especially in ovarian. One of the most efficient drugs in rheumatism, especially in muscular locations. Excellent in chorea. One of the most useful drugs in all female pelvic disorders—amenorrhea, dysmenorrhea, menorrhagia, subinvolution; in obstetrics, for inertia, hemorrhage, after-pains, puerperal mania or melancholy and peritonitis.

Ergotin—Useful to stop all hemorrhages, especially uterine; also to promote uterine contractions. A very useful drug in pneumonia; also in impotence caused by enlarged dorsal veiu of penis. Very useful in hemorrhage. Give in every case often until effect.

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

CANCER.

That cancerous disease is on the increase is fully established by the investigations of Dr. Roswell Park. Physicians are agreed that cancer is not a constitutional but a local disease, in all probability of parasitic origin, although the pathogenic germ has not been isolated. Constitutional treatment is of no avail, only local treatment can be curative. Where feasible, excision of the malignant growth and the affected lymphatics is to be preferred. But there is a mode of treatment, altogether too much neglected by the general practitioner, namely the use of caustics on epitheliomata. A paper by Dr. F. J. Sheperd, of Montreal, before the last meeting of the American Dermatological Association deals with the subject. The best caustics are arsenic, chloride of zinc, and caustic potash, made into a paste by the use of mucilage or starch or flour with a possible addition of some other ingredients, such as corrosive sublimate. Their use in skin cancers is to be commended, they are effective, not necessarily very painful, the danger of poisoning from them is small. It would be well for physicians to pay more attention to this line of treatment. Many cases, in which an operation is advised drift into the hands of the advertising cancer doctor, who uses such caustic pastes, and there follows a loss in money and reputation to the regular physician. We can all furnish examples from our experience. Some months ago we spoke of Coley's treatment of inoperable sarcoma by the mixed toxins. A good paper on the subject was read before the Central Wisconsin Medical Society by Dr. Allaben, of Rockford, Ill. He cited an unsuccessful case and in the discussion following, several physicans related instances in which they had used Coley's treatment, but not one was able to report a satisfactory issue.

PHYSICIANS' DISPENSING OF MEDICINE.

One of the vexed questions discussed frequently, but still open and likely to remain so is that of the proper business relations between physician and druggist. Many and just are the charges which the doctor brings against the pharmacist. Counterprescribing, indiscriminate refilling of perscriptions, unreasonable charges for medicines to patients, perhaps even the unauthorized putting up as a proprietary article of some effective prescription, all these and others are actions which injure the physician's business, and means of appropriating what is really his due for the sole profit of the druggist. We have all suffered from it and cast about for relief. It seems to lie in the dispensing of medicine by the physician himself. The custom has spread widely in recent years, facilitated by modern improved pharmaceutical preparations, such as tablet triturates, alkaloidal granules, compressed powders and pills, etc. There are firms, whose representatives call regularly on doctors selling directly to them as they would to a drug store. It must be confessed that the custom has pecuniary advantages for the physician. Patients are more apt to stick; if they have used up the medicine furnished, they must return to the doctor for a fresh supply, who thus is enabled to make necessary changes, the money

comes to him, not to the druggist; his prescription is not handed from one person to another, sometimes passing through a whole neighborhood without bringing to him one cent of financial returns; he can guard his patrons against overcharges, etc.

But the advantages are offset by serious drawbacks. Manufacturing chemists put up a host of compound formulas, digestive pills, anticonstipation tablets, analgesic, heart-tonic, neuralgic, antithermic, antirheumatic, anti this and anti that. There develops thereby a tendency among physicians to use such ready made combinations to the detriment of their own knowledge and not always to the advantage of their patients. Not long since we heard a busy practitioner, who has become the part owner of a drug store and now writes prescriptions, confess that he thought himself now a better doctor, since formerly he used to give medicine according to the stock he had on hand in his office, while now he ordered just what he thought the patient needed most, regardless of cost. Well, there is a good deal of human nature in the medical man. There are many, no doubt, who thus cut the coat according to the cloth, cost of drugs is considered and the effectiveness of the doctor's work thereby impaired. But the worst feature of the practice of dispensing of medicine by the physician seems the tendency to lower him in the estimation of the public to the position of a mere pill peddler. People fall into the idea of going to the physician's office not for consultation or advice, but for a bottle of medicine and believe that they pay, not for his professional services, but for the medicine he gives them. The pernicious idea is helped when physicians, as is done commonly in a town not a thousand miles from here, charge for medicine plus advice hardly more than the patient would have to pay in a drug store.

THE ANGIOTRIBE.

The result of surgical operations, depends largely on the perfection of haemostasis obtained. Ligatures have frequently proven a source of disappointment, failure and danger. Although the art of preparing aseptic absorbable ligatures of animal origin has reached a high degree they do occasionally act as germ carriers and cause more or less extensive sepsis. The unabsorbable ligature again has at times refused to come away and become the source of a persistent suppurating sinus. To avoid the difficulty some surgeon's use clamps as haemostats in their pelvic operations. But clamps are cumbersome, must remain in place for many hours, cause pain and sometimes ulceration. A new instrument is coming into favor. The angiotribe. It is of French origin, but already various modifications, designed by different European surgeons, are in the field. The one which seems to meet best the desired ends, bears the name of Tuffier. The instrument, really a powerful clamp, has a pair of heavy blades, which are brought together by means of a screw-nut at the end of the handles. The enormous pressure of three thousand pounds to the square inch can be obtained by it. Its application produces a rupture of the inner coats of the blood vessels and a complete fusing or welding together of all the structures in the grasp of the instrument in a more or less complete homogeneous mass. The compressed tissue is found after the removal of the instrument to be an almost desiccated strip of the width of the blades and of nearly the thinness of heavy wrapping paper. Instead of sloughing away, this strip atrophies into a fibrous cord. The effect is produced in a few minutes. The angiotribe seems to find its greatest usefulness in operations upon the pelvic organs. Hemorrhage is checked by it as completely as by the ligature.

# The Wisconsin Medical Recorder.

*A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.*

**J. P. THORNE, M. D., Editor.**

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**Letters, Case Reports** and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received


Our series of articles on the schools of medicine has been much more successful than we anticipated. We have received numerous letters from prominent physicians of all schools, commending the idea of presenting the leading principles of the different schools of practice. Practitioners of each school, while not giving up their own special opinions, are desirous of learning what the other schools are doing. The letters which these articles have brought us demonstrate more forcibly than ever the fact the physicians are getting closer together and working together for the best results. We have enjoyed the letters from our own contributors regarding this series, and we present a few extracts from our private correspondence:

Dr. R. B. Leach says regarding Dr. W. L. Leister's article: "That paper on 'Eclecticism' is good, and should be appreciated by all who seek to know why others act differently from themselves. My own views are the result of conviction, but I delight to honor another I believe equally sincere, however different his views from my own: your own for instance."

Dr. R. B. Hopkins writes: "I find the September number full of interest and have read the same with pleasure. With my wishes for your continued success."

Dr. Leister says: "The Recorder for September contains several first-class articles. Those on Arsenization' are very meritorious. 'Therapeutic Suggestions' are replete."

The following we clip from the Medical Visitor: "In the August number of the Wisconsin Medical Recorder Dr. R. B. Leach has a paper on 'Homeopathy.' It is a splendid presentation of the claims of the school, scientific reasons for its being, and ought to at least make honest investigators think. There is also a sketch of Dr. Leach's life and a full page portrait of the 'man from Texas'."

The concluding article of the series will appear in the December Recorder, and will, we are sure, be as well received as the preceding papers.

We have received requests for a series of articles on the history of the schools of medicine, and we may publish such a series next year.

The first of the series of articles on "Electro Therapeutics" will be published in the November Recorder. This series will be written by Dr. W. H. Willcomb, of Avon, Mass., who is a practical electrician as well as an experienced electro-therapeutist.

A judge in Chicago has handed down a decision which practically makes the pure food law of the state null and void. He holds that conviction cannot be had unless the owner of the store is shown to have had guilty knowledge of the selling of impure food in his place of business.

Jacobi says it is wonderful how handy brains are in the practice of medicine. A saying well worth remembering.

## THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

Any book reviewed in this department can be obtained of the publisher of the Recorder.

THE STUDENTS' DICTIONARY, including all the words and phrases generallyused in medicine, with their proper pronunciation and definitions, based on recent medical literature. By George M. Gould, A. M., M. D., author of "An Illustrated Dictionary of Medicine, Biology and Allied Sciences", etc.

With elaborate tables of the Bacilli, Micrococci, Leucomains, Ptomains, etc., of the Arteries, Ganglia, Muscles and Nerves; of weights and measures, analysis of the mineral springs of the United States, etc. And a new table of Eponymic Terms and Tests. Eleventh Edition, Enlarged, with many illustrations. Half leather and cloth. 800 pages $2.50. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, 1900.

The new edition of this useful work is much larger and better than the preceding edition and it seemed as though the former issue could not be excelled for a handy medical dictionary. This book is issued as a student's dictionary but there are thousands of practicing physicians who want such a book. It gives the definitions and pronunciations of most of the medical words and terms in use. Every medical student in the land should have this dictionary as a constant assistant in his work. The various tables which it contains will be found very convenient for reference purposes. The book contains a large number of full page illustrations which add to its value. The type is good and clean, a necessary qualification of a good dictionary. The book is a marvel of cheapness for such a well printed and substantionally bound volume. It has been thoroughly revised and enlarged and is up-to-date in every respect. We commend it as a dictionary which both students and practitioners will find satisfactory.

STUDIES IN THE PSYCHOLOGY OF SEX. The Evolution of Modesty.—The Phenomina of Sexual Periodicity.—Auto-Erotism. By Havelock Ellis. 6⅜ x 8⅞ inches. Pages xii–275. Extra cloth, $2.00, net. Sold Only to Physicians and Lawyers, F. A. Davis Compay, Publishers, 1914-16 Cherry Sreet, Philadelphia.

This book is different from anything which has ever beeu published before on this subject. It is a difficult subject to handle but the author handles it in a scientific manner and analyzes the sexual phenomina and their influence on human actions. The outline of the work is thus given in the preface: The present volume contains three studies which seem to me to be necessary prolegomena to that analysis of the sexual instinct which must form the chief part of an investigation into the psychology of sex. The first sketches the main outline of complex emotional state which is of fundamental importance in sexual psychology; the second, by bringing together evidence from widely different regions, suggests a tentative explanation of facts that are still imperfectly known; the third attempts to show that even in fields where we assume our knowledge to be adequate a broader view of the phenomena teaches us to suspend judgement and to adopt a more cautious attitude.

The physicians of Ludington, Mich., entered into an agreement that no one accept a smaller salary than $600 per annum to act as health officer. The common council of the town has fixed the salary at $300 a year. Now they have no health officer.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

I have bave been prescribing Hagee's cordial cod liver oil compound for years with very satisfactory results in many diseases where reconstructives and nutritives are indicated, as well as insipient phthisis and obscure diseases. On account of its palatability patients will take it in quantities and long enough to secure results.—G. W. Buchanan, M. D., Richmond, Mo.

At last a new idea! An editorial in the St. Louis Courier of Medicine advocates the construction in private dwelling houses of a regular hospital room. It can easily be arranged on well understood principles. Floor, walls, ceiling to be easily washed and disinfected, complete ventilation and good light provided and absolute isolation from the rest of the house made possible. The cost of such a room need not be high. In case of contagious disease in the family, the need of an operation, or as a lying-in chamber, it would become invaluable.

The medical society of the Missouri Valley held its annual meeting at Council Bluffs, September 20th. Three sessions were required to complete a most interesting program, and later, at the Grand Hotel, the members gathered around the festal board where they recuperated from the labors of the day. The society voted to contribute $25 to the Rush Monument Fund, and a resolution was adopted providing for a banquet after each meeting. Following officers were elected: President, Dr. V. L. Treynor, Council Bluffs; First Vice-President, Dr. B. B. Davis, Omaha; Second Vice-President, Dr. F. E. Sampson, Creston; Treasurer, Dr. T. B. Lacey, Council Bluffs; Secretary, Dr. Chas. Wood Fassett, St. Joseph. Next meeting in March, 1901, at Omaha.

The annual convention of the Mississippi Valley Medical Association, held at Asheville, N. C., October 9, 10, 11 and 12, must be considered among the most successful in the history of the association. Physicians were present from all parts of the country, and practically every prominent manufacturer was represented by an exhibit. Among the most popular was that made by John Carle & Sons, the well-known wholesale druggists, of 153 Water street, New York city, of the long established standard food for infants and invalids, Imperial Granum. Their booth was constantly surrounded by practitioners, who listened with interest to the phonograph, and received souvenir boutonnieres and handsome stamp cases. We have recently been informed by Messrs. John Carle & Sons that a stamp case, similar to those given at the meeting, will be forwarded to all our readers sending their professional cards to the above address, and mentioning the Recorder.

Dr. Finley Ellingwood, the well-known writer and teacher of therapeutics, writes as follows in an editorial in his journal, the Chicago Medical Times: During the past ten years

there have been foisted upon the profession very many measures which have been called cure-alls. If, after a wise judgment has been exercised in assigning each of these to a definite specific train of symptoms, or to correct conditions determined by a most careful diagnosis, each in a proper time could be regulated to a definite position in therapeutics, and all taken together could be applied with scientific exactness which would ultimately perfect our therapeutics. Brown-Sequard's elixir of life, Koch's tuberculin, Animal Therapy, osteopathy, hypnotism, and many other things we could name, which have met with the derision of the profession when applied to general conditions, have each a definite influence upon the animal economy, in many cases positively superior to any other known measures. This being true, it is our duty as scientific investigators to study each carefully, with the determination of applying each in the line of its positive and reliable influence. Antitoxine is undoubtedly of benefit in the cure of diphtheria, and because it has been used for this purpose among experts, and investigations have been continued strictly in these lines, it has proven itself valuable to the profession. This editor has always been convinced that there was virtue iu the measures suggested by Brown-Sequard, but the profession as a whole expected too much of it and discarded it entirely. I have long been quietly observing the action of the Roberts-Hawley lymph, which carries out Brown-Sequard's idea in the main. The idea is to find something which will directly influence the cell functions of the body, as chronic diseases are largely due to pathologic conditions of the cells. The lymph is made from the lymph of goats first, the contents of the lymphatic glands, the thoracic duct, receptaculum chyli, and from the substance of the spinal cord, medulla, the gray matter of the cerebrum and the cerebellum, to which is added the semen taken from the testicles of bulls and goats. These, by gradual trituration and filtration, or heavy pressure, are reduced to a highly concentrated fluid by a very complex process. A microscopical analysis of the lymph shows lymphocytes, spermatozoa, fixed tissue cells and red blood cells. These, it must be remembered, are taken from a live, healthy animal, that has been carefully fed for months, and especially prepared for this purpose. This concentrated cell pabulum is injected directly into the tissues, and is directly applied as a stimulant and nutritive to cell function. We have been watching the effect of this agent in a good many cases, aud are assured that in old standing chronic conditions, where specific indications for treatment are not found, and where nutrition is largely to be depended upon, this agent will yet be found superior to any now known. Conditions depending upon exhaustion of the nervous system, such as neurasthenia, with its long train of symptoms, showing failure of all the organs to properly perform their functions, neuralgia and chorea, as well as many forms of paralysis, locomotor ataxia, and in other nerve lesions, it is especially valuable. It is also of great service in chronic rheumatic conditions, gastric and intestinal troubles, in uterine difficulties and in sexual impotence. There are but very few cases of old standing chronic disease which have resulted in feebleness or general infirmity that will not be benefited to some extent by its use. Many cases of chronic disease have been cured by this lymph, which were certainly incurable by all the better known methods. It can be applied to the ultimate cure of general conditions, while specific conditions can be promptly met with specific remedies.

I think I am almost peculiar in my practice of not recommending proprietary medicine. The merits of sanmetto are such, however, that I cannot refrain from adding my testimony relative to its merits. I have used it quite extensively, and it has never disappointed me. It is one of our positive remedies; indeed, it is one of our few therapeutic certitudes. I heartily commend it to the confidence of all physicians. W. C. Cooper, M. D., Cleves, Ohio.

In his recent report on the use of peptomangan Gude in cases at the French Hospital, New York city, Dr. George G. Van Schaick shows its great superiority as a desirable ferruginous preparation. The following cases show some of his results:

J. R., a French woman, aged 29, was admitted on June 9, suffering from a large pelvic abscess. The temperature was 104° F. on admission. The abscess was evacuated by anterior vaginal section. Blood count 2,640-,000; haemoglobin, 35 per cent. Peptomangan was given for three weeks, after which the blood count was 3,740,000 and the haemoglobin 68 per cent.

Mrs. A. P., a French woman, aged 42, was seen at her house on April 20, 1899. I was called in consultation by Dr. Monory, visiting physician at the French Hospital, who had himself been summoned by a midwife who had been in charge of the case. The woman was in labor, and shortly after the pains began she had severe hemorrhage. The injudicious use of ergot by the midwife had only served to render the bleeding more violent. Dr. Monory and myself administered chloroform immediately, and tearing through a placenta praevia centralis, did a podalic version and rapidly delivered a dead child. The uterus was packed with aseptic gause. The woman appeared to be practically exsanguinated, for the hemorrhage was the most severe I have ever witnessed. As the midwife manifested her desire and protested her ability to to take charge of the after-treatment, we left the patient, after giving full directions for the removal of the gauze on the next day, and enjoining great cleanliness. The patient was admitted to the French Hospital on May 3, not having been seen by the physician in in the interval. Upon admission, during the afternoon, she had violent chills and her temperature was 106° F., rising to 107° F. an hour later. The gauze had been removed only after the lapse of a number of days. The patient was of a waxy pallor and the pulse nearly imperceptible. A profuse foetid discharge issued from the vagina. Intra-uterine lavage was done at once with saline solution, many gallons of which were used. An intravenous injection was also practised. The blood count was 1,760,000; haemoglobin 28 per cent.; leucocytes, 32,000. Strychnine and nitroglycerine had to be frequently administered. During the course of the next three days the patient seemed to manage to just keep alive, and we were momentarily expecting her death. On May 6, she was given antistreptococcus serum hypodermically, and this was repeated twice on subsequent days. The temperature then gradually fell on the 8th to 100° F., the lowest degree yet reached, and in the course of the next four days came down to normal. From the first she had been fed with milk and whisky in frequent small doses, with drachm doses of peptomangan three times a day. This was soon increased to half-ounce doses. Four weeks after admission her blood count was 3,840,000; haemoglobin, 60 per cent. She was discharged at this time in general good health.

A. K., a Greek, was admitted on the same day as the previous patient, suffering from a severe infected stab

wound on the external aspect of the left thigh. His temperature was 106° F. on admission, and rose higher during the night. The original wound affected the lower end of the vastus externus a few inches above the knee joint. The knee itself was much swollen and the whole external aspect of the thigh was fluctuating. The original wound was enlarged and a counter opening was made three inches below the trochanter. A large rubber drainage tube was introduced, the ends protruding through the two wounds. There was an enormous discharge of stinking sanious pus, and the wound and drainage tube had to be washed out several times a day. Notwithstanding these procedures, extremely high temperature persisted and he was given antistreptococcus serum. His temperature then gradually began to abate and he was able to leave the hospital six weeks after admission. His blood count was 2,954,000 and haemoglobin 32 per cent. the day after he was admitted. He was given peptomangan during the whole of his stay, and upon leaving his blood count had risen to 4,210,000 and haemoglobin 62 per cent.

These last two cases represent forms of the most violent sepis, and are the most pronounced among quite a large number which the writer has had an opportunity to treat during the last year. In all such cases the administration of iron in a form which does not unfavorably affect the stomach is certainly of the greatest value, and appears to decidedly shorten the course of the septic condition.

The Medical Record (March 3, 1900) quotes the following from an article by Dr. G. J. Lochboehler in the Journal A. M. A. (December 2, 1899): In epidemic bronchitis codeine is a valuable remedy for the relief the harrassing pain of the cough, and when combined with one of the cold-tar antipyretics the analgesic effects become more pronounced. It is a favorite drug in the cough of phthisis and chronic bronchitis, and its sedative influence is highly satisfactory, clinical data having shown it to be the best succedaneum for opium. Another advantage of codeine over morphine derivatives and one of special value in bronchial affections, is that patients not only cough less, but also expectorate more easily than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, never produces nausea, and therefore can be used uninterruptedly for months. For many bronchial and laryngeal neuroses, the exhibition of codeine in combination with antikamnia (antikamnia and codeine tablets) meets with well-merited sanction.

The occurrence of diarrhea in phthisical cases is justly considered a very unfavorable complication, especially on account of its weakening effect upon the already reduced vitality of the patient. Much depends in its treatment on whether it be simply an accidental complication due to an acute catarrhal process or whether it results from the presence of tubercular ulcers in the intestinal mucosa. If due to latter, of course only temporary relief can be afforded; but even this is of importance in prolonging life. Many remedies have been suggested in the diarrheal affections of tuberculous patients. Among them very favorable results have been derived from tannigen. The action of this drug is confined to the intestinal canal, since it passes unchanged through the stom, ach. This is a very desirable feature, as it is important to interfere as little as possible with the digestive organs.

In the intestinal canal tannigen is gradually decomposed with the liberation of tannic acid, exerting an astringent and disinfectant effect unattended with the least irritation. Of course the best effects are obtained in cases in which the diarrhea is due chiefly to a catarrhal process, although benefit has been derived from its use even in cases of tuberculous ulcerations. Here it probably exerts a beneficial influence by its favorable action upon the coexisting catarrhal inflammation. Muller (Deut. Med. Wochenschrift), Kunkler (Times and Register), Drews (Woman's Medical Journal), Ring (Times and Register), Palma (Medical Fortnightly), Himrod (Daily Lancet), Harteker (Medical Fortnightly), Poussie (Memphis Medical Monthly), Clark (Therapeutic Gazette), Griffin and Norrie (Daily Lancet) have reported instances of this kind, both in the early and later stages of tuberculosis. In these cases tannigen promptly reduced the number of evacuations and also rendered them of firmer consistence. In the milder form of diarrhea in the tuberculous, the diarrhea was entirely arrested, while in the severer form it was materially diminished during the administration of the drug. Recently Dr. C. M. Clark (Therapeutic Gazette, June 15, 1900,) reported a typical case of diarrhea of phthisis in the advanced stage, in which after all other remedies had failed to restrain the frequent and exhausting discharges, tannigen reduced them to such an extent that the patient's strength and nutrition were greatly improved. The dose of tannigen varies from five to fifteen grains three or four times daily, and it should be continued for some time after the diarrhea has ceased, in order to prevent reoccurrences. As the drug is entirely devoid of any deleterious effect upon the digestion, it may be administered continuously for long periods.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

## REPORT OF THE PALMER MEMORIAL HOSPITAL.

Operations in the Eye and Ear department for the month ending September 30, 1900:

| CASES. | Total | Cured |
|---|---|---|
| Soft cataract discision | 1 | 1 |
| Senile cataract extraction | 1 | 1 |
| Enucleation eye | 1 | 1 |
| Adenoid excision | 2 | 2 |
| Total cases | 5 | 5 |

Operations in the Surgical department for the quarter ending Septemtember 30, 1900:

| CASES. | Total | Cured | Improved | Unimproved | Died |
|---|---|---|---|---|---|
| Amputation—Finger | 1 | 1 | .... | .... | .... |
| Amputation - Leg | 1 | .... | ... | .... | 1 |
| Appendectomy | 1 | 1 | ... | .... | .... |
| Uterine curettage | 5 | 5 | .... | .... | .... |
| Ventro-fixation | 1 | 1 | .. | .... | .... |
| Tracheloplasty | 1 | 1 | .... | .... | .... |
| Trachelorrhaphy | 2 | 2 | .... | .... | ... |
| Perineorrhaphy | 2 | 2 | .... | .... | .... |
| Nephrotomy | 1 | ... | 1 | .... | .... |
| Nephroptosis | 1 | ... | 1 | .... | .. |
| Utero-vesical adhesions | 1 | 1 | ... | ... | .... |
| Hystromyomectomy | 1 | 1 | .... | .... | .... |
| Chondroma | 1 | 1 | .... | .... | ... |
| Sebaceous cyst (of Dorsal region | 1 | 1 | .... | .... | ... |
| Cholelithotomy | 1 | .... | .... | .... | 1 |
| Oophorectomy | 2 | 2 | .... | ... | .... |
| Oophorosalpingectomy | 1 | 1 | .... | ... | .... |
| Lipoma (of shoulder) | 1 | 1 | . | .... | ... |
| Enucleation of hydrocele | 1 | 1 | .... | .... | .... |
| Urethrotomy | 1 | 1 | ... | .... | ... |
| Haemorrhoids | 2 | ... | 2 | ... | .... |
| Stab wounds | 3 | 3 | ... | ... | .... |
| Arthroclasia | 1 | ... | 1 | .... | .... |
| Total | 32 | 25 | 5 | . | 2 |

## IODOBENZOYLIODIDE OF MAGNESIUM

### AS A SPECIFIC AGAINST THE BACTERIAL DISEASES OF MAN.

We have now arrived, in our studies on biological mineralogy, to the research of the specificity of mineralisation of the different cell elements which constitute animated beings. To the mineralizing aptitude of protoplasms, which we have established and on which rests the differentiation of species, corresponds the specificity of mineralisation of plastids, which specificity we are endevouring to determine.

If the specificity of cellular mineralisation is a consequence of the aptitude of mineralisation of the individual, if analysis shows us that bacteriacae do not contain iodine, and if, for this reason, experience teaches us that iodine, destroys or modifies the life of bacteriacae to the extent of destroying their mortal action, then what can be more natural and more reasonable than the search in iodine for the specific of bacterial diseases, and to try to reach not one member of the family, but the whole of the family of Bacteriacae. Only one science, until now, can permit us such generalizations, and this is Biological Mineralogy. There is nothing chimerical whatever in wishing to reach a whole special class of vegetables in their vital parts by taking biological mineralogy as a basis and the mineral analysis of their non subtance as a starting-point.

We think we have found an abiodynamical combination against bacteriacae in the iodobenzoyliodide of magnesium. It seems tn be undeniable, from the observations gathered nearly everywhere in France, in different countries of Europe, specially in Spain, by Dr. Vidal-Puchal of Valence, that iodobenzoyliodide of magnesium is the inoffensive and harmless specific of broncho-pneumonia, of diphtheria, of influenza, of erysipelas, of typhoid fever, of charbon, of coli-bacillosis, of anthrax, of anatomical pricks, of acute articular rheumatism, of subacute rheumatism, with streptococci, etc.

I wish to-day to call physicians attention on the action of iodobenzoyliodide of magnesium on anginae with bacterial association, but without diphtheric bacilli, on those anginae in which sometimes staphyloccoci dominate accompanied by staphylococci. These last anginae are by for more serious. Here are two observations of them.

I. A little girl, 7 years old. White transparent spots on both tonsils; croupous coughing; roaring; attacks of suffocation; injection of 4 cubic centimetres of solution at 10 o'clock in the morning; towards the end of the day, the coughing became less hoarse, the night was better; on the next morning, a second injection of 4 cubic centimetres of solution; a tracheal false membrane was expelled; on being cultured, this false membrane gave numerous colonies of streptococci, with a few colonies of staphylococci; 72 hours after the second injection of solution of iodobenzoyliodide of magnesium, the child had completely recovered.

II. This child contaminates her sister's nurse; the nurse, 21 years old, has her parotid regions much swollen; the soft palate, the pillars, the tonsils, the posterior side of the pharynx are covered with a grayish pseudo-membranous exudate very adhering; temperature 39 deg.: I proceed to an injection of 4 cubic centimetres of solution and I gather the fragments of false membranes which, on being cultured, like the preceding, by Dr. Barlerin, produced colonies of streptcocci nearly pure, accompanied by very few staphylococci; as the preceding ones, these cultures contained no diphtheric

bacilli, the humoral medium of nurses is, on account of its relative alkalinity, a medium most favorable to the development of microbian colonies; in spite of the original seriousness of the disease and the conditions favorable to its extension, after 3 injections of solution, repeated every 24 hours, the patient recovered on the ninth day; local treatment; cleaning of the throat with boricated water.

III. Anginae with white staphylococci are cured in 48 hours, average time, by a single injection of solution. K., aged 18 years; temperature 38.8 deg.; several white spots on the tonsils; injection of 4 cubic centimetres of solution; cured on the next day; a fragment of false membrane, which was cultured, showed when examined, some scarce colonies of streptococci and numerous colonies of staphylococcus pyogenes albus (Barlerin). We shall conclude by saying that iodobenzoyliodide of magnesium, specific of bacterial diseases, in general, must be injected at the beginning of anginae, whatever their nature may be, because its action is curative and speedy, because also injections of iodobenzoyliodide of magnesium are never followed by accidents.

Dr. J. Gaube,
Gers, France.

## A MEDICAL PLATFORM WHICH PURPORTS TO BE CATHOLIC.

The announcement on its cover that the Recorder is "for the whole profession" fixed my attention, for I can but believe we are approaching a time when medical differences will be discussed with much less asperity and with far more profit than they, at times, have been. Then, too, your editorial (August, 1900) upon "The Schools of Medicine" suggested to me that the class of readers whom you are addressing might be interested in a view which has very greatly interested me. I believe that there is for the profession a platform broader than either that occupied by him who insist upom homoeopathy as the all of medicine, or that occupied by him who entirely rejects homoeopathy. I believe that this platform accords to homoeopathy its rightful place, and at the same time does justice to everything else than homoeopathy in medicine.

I believe that there are different kinds of cure, and that the particular kind of cure of which similia similibus curantur is the law may be correctly defined as an immediate transformation from abnormal to normal in vital processes and in their effects. The word immediate here does not refer to time: it simply means that in this particular cure the drug produces no pathogenic effect mediate to its restorative effect. Now it is evident that this particular cure cannot be attempted in rational practice, for the immediate object of any rational practice is something in itself knowable, which a change is vital processes is not: vital processes, or changes in them, can be known only in effects. Again, one cannot in empiricism intelligently attempt the particular cure above defined as that of which similia similibus curantur is the law; for intelligently practised empiricism has this in common with rational practice—that there must be in view an immediate object in itself knowable.

I, then, regard similia similibus curantur as the law of a cure which transcends the possibilities of rational medicine or of intelligently practised empiricism, and would urge that there is not the least inconsistency in cultivating and practising rational medicine and empiricism while accepting similia similibus curantur as a law of cure.

Chas. S. Mack, M. D.,
La Porte, Indiana.

## CASE OF ULCERATIVE COLITIS.

George ———, age 32, American. Diagnosis: Ulcerative colitis.

The patient was admitted to the hospital May 2nd, 1900; had been a sufferer from some three months, and during that time was under the care of a rectal specialist in New York, but in in spite of this got no better and the condition steadily grew worse. He said that at the time of the beginning of the condition, it commenced with a slight diarrhoea, loss of appetite, nausea, and a slight continuous fever. At the end of a week, he began to have considerable pain on pressure along the transverse and descending colon, also tormina about the umbilicus, burning pain in the rectum with the sensation of the presence of a foreign body, and a constant tenesmus. He said the stools for the first few days contained more or less fecal matter, but they soon changed to greenish, tough, transparent mucus, containing some blood and pus. During the tormina, nausea and vomiting were present; the urine was scanty and highly colored; and the number of stools ranged from 5 to 20 in the 24 hours. At the end of a week he said he was so weak that he could not leave his bed.

On entering the hospital he was greatly emaciated, and so weak that he had to be carried from the ambulance to his bed. Examination shortly after his entrance showed the presence of a mild general peritonitis which was chronic in form. He had been living on peptonized milk and various other prepared foods, but was able to retain very little of it, and what he did retain distressed him greatly and gave him but feeble nourishment. His temperature was 101.5, pulse 122; microscopic examination of the blood showed only 150,000,000 red cells to the cubic millimetre with a greatly decreased quantity of haemaglobin and an increase in the white cells.

The patient was put on bovinine, half a teaspoonful in lime water every hour. Also a rectal injection of bovinine, one ounce once in 24 hours, the object of this high injection being two fold: First, to bring about a reparative process of the mucous membrane of the bowel, and to render the lower part of the tract aseptic. He began to improve almost from the first. This treatment was continued up to May 7th, when the quantity of bovinine was increased to two teaspoonfuls every hour, in sterilized milk and lime water. The rectal injections were given once in 48 hours, and two ounces employed instead of one.

May 12th, the bovinine was increased to a tablespoonful every two hours and the rectal injections reduced to an ounce again and employed every third day. At this time he was free from pain; the peritonitis had subsided, temperature was normal, pulse 99, evacuations were about three to four in 24 hours, not painful, containing no blood or pus but some mucus. He had a desire for food, and when allowed some light and easily digested diet, retained it without any inconvenience and seemed to relish it.

On the 20th, the bovinine was increased to a wine-glassful every two hours, and rectal injections of bovinine pure were employed once in 24 hours.

On the 25th he was up and about, feeling as he expressed it, "first rate"; had gained some nine pounds in weight, color was good, pulse and temperature normal, defecations two in twenty-four hours, no pain, slight trace of mucus. He was allowed a light general diet, and the bovinine continued as before.

On June 1st he was discharged, cured.

This case I deem of especial interest,

for it was a well defined case of ulcerative colitis in an advanced stage and had resisted the most approved methods of treatment. Under the blood treatment, it began to improve from the very first, and went on to an absolute cure without a single interruption.

It gives me great pleasure to highly commend this most valuable prepararation in the treatment of all these chronic bowel conditions. I have seen old rectal ulcers that had resisted all treatment, heal rapidly and within a comparative short space of time. Another thing of great interest is that the mucous membrane when treated with bovinine seems to be absolutely restored to normal, leaving not the semblance of a cicatrix. There is no danger of a ptomaine poisoning from the bovinine as it is an absolutely sterils preparation, the nutritive principles being rapidly absorbed, so that within an hour after their application, nothing is left at the site of the application but the antiseptic principles and immediate topical nutritive effect of the preparation.

T. J. Biggs, M. D.
Stanford, Conn.

## THE USE OF HYDROZONE AND GLYCOZONE IN GASTRIC AND INTESTINAL DISTURBANCES.

I have for a long time, been rather enthusiastic over the value of hydrozone and glycozone in treating diseases, and can attribute much valuable assistance and extraordinary results from their use in the last few years. The medical profession, in fact, has never gained such remarkable results from the employment of any production as it has from the use of these preparations, and my recent effects have almost, in a measure, surpassed them all. I will give a brief report of one remarkable case. I could mention several others, but a physician's time is valuable, and often he has not the moment to spend in perusing a legion of cases, so I select this one, it being the severest of all, to demonstrate, the potency of hydrozone and glycozone:

I was called to treat a young man, suffering from a severe gastro-enteritis. I found him in a most serious condition, having been delirious for three days. His temperature was sub-normal, 97.6, pulse 60, respiration 16. He was greatly emaciated, atonic, had inappetence, a severe agonizing pain in the stomach and intestines, at times so severe that he would sit on the edge of the bed and groan, oftentimes, yell. These attacks were always of a similar nature and occurred regularly. He was unable to take either solid or liquid food, even in small quantities without causing a return of the pain, a teaspoonful of milk being sufficient to produce it. His condition was pitiable. His cheeks were hollow, eyes congested, skin pale and sallow and his whole appearance showed the presence of intense pain.

I was called at the end of the third week of his illness. The former physician had employed opiates in large doses with most worthless results, also many other drugs with not a sign of improvement, he growing seriously worse. I determined that hydrozone and glycozone were the remedies indicated, and were the only ones that would be of a value here, therefore, I gave him at once, one-half glass of a mixture of one-half ounce of hydrozone with a little honey to one quart of water. He was somewhat disturbed for a while after the potion, but was soon relieved. The distress, I presume was due to the advanced stage of the inflammation. I continued this for some time, with only a slight improvement, but after several doses had been taken, the relief was very decided. After this nourishment, I gave one

teaspoonful of glycozone in a wine glass of water. After a few doses of this, he was much easier and, at midnight, fell asleep and slept all night not awakening until morning, the first sleep that he had had in five days. I had previously discarded all other remedies, of which there was a large number, as one after another was given with no benefit. All of the acute symptoms disappeared in a few days, at which time he felt very much better, and he continued to improve without having a recurrence of any of his old severe symptoms. Before this, I had increased both the nature and the quantity of his food which he relished greatly. I continued the hydrozone and glycozone for a month after, to entirely reduce the inflamed condition of the mucous membrane of the gastro-intestinal tract. These two remedies have afforded me most excellent issues many times in the treatment of gastric and intestinal disorders.

All gastric and intestinal disturbances are caused by the lining of the stomach becoming inflamed, and in order to allay this inflammation, it must first be treated with antiseptics then with medicaments that both heal and stimulate the mucous membrane that has become diseased. The most common cause for this state of inflammation is is a greatly diminished quantity of gastric juices necessary for digestion, consequently, the food partaken of, instead of being assimilated, ferments, in other words, the peptic glands whose function it is to secrets the gastric juice, do not perform their function properly. These must be restored to their normal state at once, which is accomplished by remedies that exert a stimulating effect upon them, and at the same time, are non-toxie, else the trouble will only be aggravated. Hydrozone and glycozone are the two remedies par excellence for these two purposes, and the success that I have obtained from the employment of them during the past few years will lead me to always use them in these disorders.

Hydrozone causes destruction to microbes, has no deleterious action upon animal cells, possesses no toxic qualities, exerts no corrosive effect upon healthy mucous membrane when used in diseases caused by germs, is a pus destroyer and a stimulant to granulating tissues. Hydrozone is destruction itself to the skin or mucous membrane that has become diseased, and leaves the subcutaneous tissues in a perfectly healthy state.

Glycozone while not so rapid in its action as hydrozone is, nevertheless, just as sure a stimulant, and in all gastric and intestinal disorders, exerts a potent and uninjurious effect upon the diseased mucous membrane of the stomach, healing it to a nicety. It is an effective oxidizing agent, has an agreeable, sweet and, at the same time, slightly acid taste resembling lemonade. Its use produces no deleterious action on the heart, liver or kidneys.

The beneficial results which hydrozone and glycozone have afforded me in the treatment in this class of disorders have caused me to discard all the other methods of treatment with drugs that exert an ephemeral influence but do not jugulate the offending condition. What is needed in these diseases is an antiseptic that will destroy all pathogenic germs, and at the same time stimulate the walls of the stomach. Hydrozone kills the bacteria, dissolves the mucous and prepare the stomach to better digest the food, in short it deterges the stomach, hence in it we have an efficient antiseptic; glycozone removes the mucus from the walls of the stomach, stimulates and heals. I have discovered these two preparations to be ideal ones in treating this very common and distressing disorder.

W. H. Vail, M. D.,
St. Louis, Mo.

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## LEADING ORIGINAL ARTICLES.

### THE RELATIVE VALUE OF CURETTAGE AND LOCAL APPLICATIONS TO THE ENDOMETRIUM.

By Henry, T. Byford, M. D., Chicago, Illinois.

Professor of Gyneco'ogy in the College of Physicians & Surgeons of Chicago and in the Post-Graduate Medical School of Chicago; Professor of Clinical Gynecology in the North Western University, Woman's Medical School, etc.

Not many years ago local applications were relied upon to cure endometritis. After a time, however, it was discovered that in many cases they did harm or else did not cure.

Then came curettage, and all that was considered necessary to do was to curette the endometrium to cure the disease. Many disappointments were experienced and the condition frequently returned, and even a second or third curettage has been performed without effecting a cure.

This has been the observation and experience of the author, and the purpose of this short paper is to call attention to the relative value of each of the above mentioned methods.

The object of curettage is to remove the superficial diseased portion of the mucous membrane leaving intact the healthy, deeper portions, in hopes that only healthy mucosa will be reproduced. But if the mucous membrane is recently infected the curettage will surely open up avenues for the spread of the infection to the deeper parts. And if the infection is an old one it will, as a rule, have reached the deeper portions of the mucosa, beyond the area that could be removed by the curette without destroying the membrane.

Hence, in cases of septic infection the curettage is, in my opinion, seldom curative, and should be used only for the purpose of removing foreign material. In acute infection in the puerperium the curette is only beneficial for the removal of retained and adherent secundines, and the aseptic finger-nail constitutes the preferable instrument. Drainage, by keeping the cervix dilated, and antiseptic irrigation are indicated the same as for an abscess cavity anywhere.

Older cases require drainage and disinfection, and also stimulation of the inflamed surfaces by an irritant or mild escharotic; while in very chronic cases we have to recognize that the inflamed mucous membrane cannot be restored and that cauterization may, by promoting cicatrization, hasten the cure.

HENRY T. BYFORD, M. D.

But there is another variety of endometritis not due to any known infection, in which hyperplasia, or hypertrophy of certain constituent parts of the mucosa takes place. In these cases, which are usually the hemorrhagic ones, and those with abundant thin mucous discharges, our object is not to destroy infection, but to remove the overgrowth of tissue and modify the nutrition; we must curette away the redundant tissue and then apply remedies for the restriction of the vascular activity. The curettage alone does not always suffice, because the excessive vascularity may extend too deep to be reached by it, and, therefore, may be only slightly modified by it. In these cases repeated curettages are required or, what is better, one or two curettages followed by astringent or mildy escharotic applications, care being taken not to use any escharotic strong enough to entirely destroy the mucous follicles.

In senile cases the tendency is toward atrophy or sclerosis and there is nothing for the curette to remove. With efficient drainage such cases usually go on to a spontaneous recovery.

The following cases will serve to illustrate what has been said:

Mrs. M—— contracted gonorrhoea from her husband, and came to me later with a left pyosalpingitis. I dilated the cervix gradually with sounds until I finally was able to pass one the size of a lead pencil, twice weekly. I disinfected the uterine cavity each time with a 25 per cent. solution of ichthyol in glycerine. After a few weeks I removed, by abdominal section, the left fallopian tube which contained creamy pus, and the left ovary, which contained several suppurating follicles. After that I occasionally passed the sound and disinfected the endometrium with the ichthyol solution for the purpose of maintaining drainage. In less than a year she came back to me pregnant, and subsequently bore a healthy child. She has remained in good health ever since. In this case removal of the septic focus in the pelvis, and drainage of the uterus was all that was required. It is a well known fact that the swelled mucosa often sufficiently fills the narrow lumen at the internal os as to interfere with free drainage, and I have cured many cases by merely keeping the internal os moderately dilated and incidentally disinfecting the endometrium. This mild disinfection itself could have had but little effect upon the infected surfaces since it was not used often enough. It was used more to destroy any germs that I might, by an imperfect technique, have introduced than for the purpose of curing any sepsis that might have already existed in the uterine cavity.

I have curetted many cases of so-called hemorrhagic endometritis, removing much thickened mucous membrane, and obtaining immediate and permanent relief of the symptoms. On the other hand I have curetted many cases of ordinary endometritis, having pain as the most prominent symptom, with only temporary relief, and have been obliged to cure them afterwards by means of local applications. In these last mentioned cases I have kept the cervix dilated with sounds and have applied mild disinfectants, such as the 25 per cent. solution of ichthyol in glycerine, and in others mild escharotics, such as 95 per cent. carbolic acid or a 25 per cent. to a 35 per cent. aqueous solution of chloride of zinc.

A young virgin, Miss C——, had been treated a long time locally for dysmenorrhoea. I kept the cervix dilated for a time with scarcely any benefit; I then curetted with a similar result. I finally curetted a second time and kept the cervix dilated, and made local applications. After several months of applications once in ten

days, of a 35 per cent. solution of chloride of zinc, the dysmenorrhoea gradually became less troublesome and finally disappeared. She has remained well since, and is now earning her living.

The method which has cured the most cases in my hands has been to dilate the cervix with the sounds twice weekly, disinfect the corporeal endometrium with the ichthyol solution, and apply iodized phenol (glycerine 1 part, 95 per cent. carbolic acid 2 parts and iodine crystals 1 parts) to the vaginal portion of the cervix and lower half or two thirds of the cervical cavity. This treatment, in connection with glycerine tampons may also be used when there is chronic disease of the appendages, provided the iodized phenol is not applied beyond the lower half of the cervical cavity. I never make strong applications to the endometrium when there is any perimetritis present.

I have often asked myself whether this dilation of the cervix, with the application of only mild antiseptics to the endometrium on an applicator wound with cotton, could really accomplish very much; but the numerous expressions of gratitude from my patients for marked relief from constant suffering have convinced me that there is an efficiency in keeping the cervix dilated, combined with such disinfection of the endometrium.

Unless there be sub-acute inflammation in the appendages, or increased local congestion from temporary causes, I do not bother the patient with the old fashioned copious, hot douches in the recumbent position, but merely use several quarts of a mildly antiseptic vaginal douche, such as 1 per cent. carbolic acid or 1 per cent. chloride of sodium or saturated boracic acid (dissolved hot) twice daily, taken in any position most convenient to the patient. This aids in obtaining and maintaining uterine asepsis.

## ELECTRO-THERAPEUTICS.

By Dr. W. H. Willcomb, Avon, Mass.

### INTRODUCTORY.

To all the readers of the Recorder, a greeting:

It is my wish on this my first appearance among you, to introduce myself and outline my position. I am an electrical physician, giving my entire attention to the scientific application of electricity to therapeutics. That my stand may be better understood I will speak briefly of my reasons.

Electricity is not an experiment and not an agency to be carelessly used, capable of intense activity and wide results it is a dangerous power if abused, but scientifically used and understood it becomes one of the great weapons of warfare against disease.

In the customary four years course required by most of the medical schools there is no time to spare for the thorough study of electro-therapeutics, and aside from general principles, little attempt is made to gain knowledge on this line. It is regarded by the majority of physicians as an uncertain, inefficient remedial force to be employed only as a last chance.

Being convinced of the power and value of electricity when fully understood, the writer has devoted himself to the study of this science.

It has been my privilege to study under the direction and tutorship of Prof. Erbhardt von Meyher, M. D., an aged disciple of medical science, with an experience of more than fifty years in surgery and medicine, and a life time of study, a devoted friend of electricity from its early application to therapeutics, and a deep student. With such a teacher witnessing constantly the wonderful power of electricity to check and heal disease, I have become an enthusiast. Believing that few physicians have time or

opportunity to master or even to pass beyond the outer edge of the science. I determined to confine all my energy to this one line, not in opposition to medicine, but as an aid and co-laborer. Experience in actual practice has proved my choice a wise one, and every day adds to the conviction.

With the hope of interesting the members of the regular medical profession, of combating the many prejudices, of defending my profession and of upholding the claims of electricity, I have entered this series of articles.

I shall endeavor to make my communications as plain and simple as possible avoiding as far as I can all technical expressions, but entering sufficiently into details to be clearly understood. I want to make these articles interesting and useful to every reader. In order to do this I would welcome criticism or questions, and with the editor's permission I will from month to month reply to such. I shall be glad to hear from any reader of the Recorder by mail, letters desiring personal reply should contain stamp. I trust many will be interested enough to write, let me know your ideas on this science and do not hesitate to criticise freely.

## THE RELATION OF ELECTRICITY TO MEDICINE.

By Dr. W. H. Willcomb, Avon, Mass.

It is an established fact that in no department of therapeutics is there as general ignorance and so universal prejudice, among physicians in active practice, as is entertained toward electricity. Even with those who employ this agent there is a lack of scientific application; and in a majority of instances it is used as an experimental measure or a last resort. This is not strange under existing conditions, it is but the natural effect of several causes Time and space forbid my entering fully into details but I will briefly refer to some of the more noticeable grounds for prejudice and distrust.

Perhaps the most widely extended influence has come from the army of "frauds" and "fakes." They are of two classes; first, individuals, second, apparatus. Everywhere present we find an army of individuals who prey upon the credulity and ignorance of the public. To these, electricity has offered a popular field. Thousands have been deceived and defrauded if not even injured by these unprincipled scoundrels. In many cases the blame has been laid to the use of electricity, and not where it belongs—to the administrator. As a natural result of these things, together with an incomplete knowledge on the part of the physician, of the principles involved, an almost universal sense of distrust and prejudice exists. Add to these reasons the influence of the countless unauthentic text (?) books and the worse than useless apparatus and devices, the wonder is not at the prejudice but that any still have faith.

Another great drawback to the use of electricity lies in the fact that few medical students have time or money to give to thorough study of the subjects involved in electro-therapeutics. In the customary four years course of a medical school it is not possible to touch deeper than the surface and the student is not qualified to use understandingly the powers of electricity. With one or two exceptions I have found the practitioner's experience and study confined to simple galvanism and faradic applications,—electro-chemistry, electro-medication, electro-diagnosis, electro-surgical work and kindred branches are almost unknown. To such physicians failures are inevitable and in a little time the operator becomes discouraged and at last abandons what has been "only an experiment." I firmly believe that only, when the medical fraternity will meet

and welcome, without prejudice, as co-laborers those who have made a consciencious thorough study of electro-physiology and allied subjects, will electricity find its place as a healing power.

A half century ago the sciences of dentistry and medicine were largely combined, but as the line of distinction has grown between the M. D. and the D. D. S., the dental science and art have expanded. It could not be otherwise, a life devotion to any one particular line of study means the development of that science. What is true of dentistry will be true of electro-therapy. The student who devotes his entire energy to this field is certain of success, if honest in his efforts. Experiment must give away to knowledge. There are a few prominent physicians who are also successful electro-therapeutists, but these have not gained their position in regular channels of medical practice or study, but completing a medical course have devoted time and money to study of the allied science.

In this article I shall not enter into details as to what may be done by electricity; in further articles I may have more to say on this line, but as a preface to coming articles I will name some of the conditions where electricity is of great value and certain in its results; among these are—neuralgia, rheumatism, nervous prostration, cancer, uterine displacement, dysmenorrhoea, acne, adenocele, adenoma, constipation, catarrhal conditions of intestines, bladder, stomach, vagina, or other accessible portions of the body, all forms of paralysis, gonorrhoea, hydrocele, paramenia, and every form of septic growth or where powerful germicidal action is required. In diphtheria and similar diseases it is of infinite service destroying the membrane and exerting an almost inconceivable germicidal power.

These are only a few of the many uses of electricity in medicine and surgery. To the obstetrician it is of value arresting abortion, or stimulating uterine contraction, checking haemorrhage, rendering conditions more truly aseptic. To the gynecologist it brings aid in reducing inflammation of vagina, uterus or ovaries and adjacent tissues, destroying septic growths and exerting local tonic or stimulative effects as desired.

In every instance where electricity is employed its operations follow exact rules and are certain. The same conditions producing same results in every case and in most instances surprising the physician by its promptness.

To successfully use electricity as I have outlined requires a thorough knowledge, 1, of its laws and application 2, of its mechanical detail in order to utilize the laws, 3, a complete acquaintance with electro-chemistry and galvanism, electrobysis, etc.; 4, physical phenomena of electro-application. Added to these a thorough training in anatomy, minor surgery, simple materia medica (external chiefly,) diagnosis and general physiology are essential.

The course of training of an electric physician in part conforms to that of the medical profession, but it is particularly intended to deal with electrical application, much being omitted of the regular courses and much added. To secure best results there should be heartiest sympathy an co-operation between the two professions, each confining himself to his own.

There are at present quite a considerable number of electro-physicians who follow electricity fully, a few are M. D's., more are not. These are often unjustly associated with the fakirs who fill our monthly magazines and daily newspapers with flaming proclamations. This should not be so. The writer speaks from a personal experience of considerable extent, and can state positively that the majority of

electrical physicians are individuals who have devoted time and money to their studies and have entered a professional career on strictly professional terms, bearing the same relation to the regular profession as do our bretheren of the dental branch.

There is a special province open to the electro-therapeutist where medicine is unsatisfactory or powerless and where electricity is of benefit, The writer has in his own practice many cases where medicine has even failed to relieve that under electricity have advanced, where surgical aid seemed a necessity at the first. Located in the greatest shoe city of America, with shops employing thousands of girls and young women who spend their days over a table or machine or standing at a bench, we have many cases of uterine disorders and resultant troubles. In my own experience I have been able to relieve upward of sixty per cent. of cases of this class received, and to benefit permanently or cure over fifty per cent. without change of work or loss of employment; in addition to this many cases of gastric or enteric chronic disturbances come to my notice when medicine seems powerless. In these lines alone a vast field is open for legitimate work, to say nothing of the daily cases of "headache" "earache" "backache" etc. and of chronic rheumatism and neuralgia.

Now in closing I desire to add just a word as a plea for my profession.

I have spoken of our field, we are not in opposition to the medical profession, we do not prescribe or administer medicine aside from a few simples, on the contrary we prefer in every case to work in conjunction with the family doctor. We want the sympathy and friendship of the entire profession, not only in our own work but in meeting our common foe the "cure all" and "fake", who by attractive advertisement and worse than useless methods and "systems" are ruining homes and wrecking lives.

Meet us half way, we ask only that you throw aside prejudice and look at our labors fairly. Do we aid or cure? Are we a benefit to our communities? If so let us feel we have your friendship and co-operation. If on the contrary you find we are detrimental to the health of those we treat or that our claims are false, then condemn and ostracise us, but in fairness and in justice do not condemn all because of those who are not true followers of their profession, choose rather those whom you know to be real students properly equipped for their work.

Personally I make this claim, that where we have devoted three to five years to an exclusive study of electricity and its physiological effects, and where we confine our entire practice to this branch of medical science, we are by education and experience better equipped to use and to understand this power, than is possible for any physician in regular medical practice where his time is largely divided among a great variety of subjects, and whose electrical experience is of necessity limited.

Am I without justification in making this plea for union, sympathy and co-operation? We cannot work alone. we need the aid of the physician and in return can aid him in many ways.

Dr. L. T. Lowder, in a paper in the American Practitioner on the value of electricity, says: As to how electricity does all of these wonderous things is not so plain. It is reasonable that it brings about metabolism, and in this there is a better selection of proteids that will better supply the hungry tissue. It increases the vitality of the nervous system, circulatory system, warms cold extremities and gives renewed vigor to the whole system. In a few years electricity will be used 50 times in a hundred where medicine is needed.

## OSTEOPATHY.

By J. T. McColgan, M. D., Arcot, Tennessee.

Let any educated physician who understands Swedish movement cure, massage and the physiology of spasm and relaxation, read Davis' or any other book on osteopathy, and he will wonder why it was that a healing sect could be established and succeed so well based on such a specialty; but if he will give the subject a little sustained thought, he will discover two reasons to account for it. First: It is much easier to write a prescription than to administer or even superintend the administration of either massage or movement cures, and even in our over-crowded profession the average doctor is too busy, or in other words too lazy, to do his whole duty to his patients, and so he follows the least irksome course of drugging him. Second: Our medical laws, contrary to public sentiment, confer a monopoly of doctor-making on certain established colleges, and these colleges have formed a trust which, regardless of aptitude or ability, forces all candidates to attend a three years' course of stale lectures before they are permitted to practice; so a class of doctors outside the trust who desired to make money out of those with an ambition to heal the sick saw in this specialty a way to get around both the law and the monopolist and establish a new medical cult of healing. The teachiug monopolist had to convince law-makers that medicines were dangerous things to handle in order to gain their point and they threw a "sop" of diminishing competition to the unwary practitioner to gain his influence with the legislator, neither of them dreaming that the greatest competition could arise entirely outside of the use of medicine. The medical profession ought to have known that laws without an enlightened public sentiment behind them would be a nullity, and with an enlightened public sentiment medical laws of any kind would be wholly unnecessary. Suppose we could influence legislators to prohibit the practice of psychic healing in all its branches. What would be the result? All the practitioners of it would then turn lecturers to make a living; they would organize classes among the laity and teach them the principles and practice of concentration and auto-suggestion, and my word for it, gentlemen, the cases for which a doctor is called in, would diminish 60 or 70 per cent.

Osteopathy, which claims to cure by purely physical means, is as largely indebted to suggestion for its cures as is christian science. But little benefit is from the manipulations, the displacements and luxations they prate so mnch about are mostly, if not all, imaginary; as a matter of fact a brisk walk of half an hour will exercise more muscles and restore normal action to circulation and viscera and be of more physical benefit than a week's work of the masseur or osteopathist; but the patient of the osteopathist is positively assured that he will be healed; he believes it, he expects it, and even before he submits to the treatment he has placed himself in a mental attitude to accept manual suggestion. Positive assurance is the strongest way to plant and make dominant an idea, no matter what the method of healing is, positiveness always gets in its work. Take for instance two medical men: The positive man says: "This medicine will make you feel better in a few hours; your pain will cease after a few doses; you will sleep; your sleep will be refreshing and your strength will be restored." He feels it, has confidence in his prescription and the patient reads it in every feature and act. Another will say: "Your case is a difficult one; the symptoms are vague and the indications obscure; we will try this remedy for a few days; I am not sure

that it will accomplish anything, but if it fails we will try something else." Both men may be equally well versed in the theory of medicine, but the first is a successful practitioner and the latter is not. The first enlists the hearty co-operation of the patient by his positive assurance, the other by his doubts makes nugatory all his efforts. This is where charlatans of every stripe succeed. They may be destitute of learning or even common sense, but they have an abundant stock of assurance and positivism, and mankind in every phase of his existence possessss the traits to a degree which we observe in an exaggerated form in the somnambule.

Osteopathy like christian science and other one method those fads, is a "self limited delusion." It will run its course by exhausting the material which is susceptible to its influence. The close observer can perceive that it succeeds best in new fields and does not wear well. It has less permanency than christian science from the fact that it does not appeal to the emotive faculties as directly and hence less strongly than that cult. Another cause that will hasten its downfall is the indiscriminate admission of new practitioners. Of the hundreds which its schools are turning out, more than half are without the natural gifts and accomplishments which are indispensable in the successful healer under any system and their failures will bring it into disrepute. Doctors like Horace says of poets are "Nacitur non fit." You can no more take a young man with the instincts of a horse jockey and educate him into a successful physician than you could into a poet, painter or sculptor. Statistics show that fifty per cent. of the graduates of our medical colleges are failures and drift off into other callings and perhaps twenty per cent. of those who stick remain stationary, never improving or even trying to improve on the methods of treating disease they adopted when they left college. They were without the "divine afflatus," only saw in medicine a means to get money and osteopathy seems to have more attraction for this class than regular medicine and it is perfectly welcome to them.

## THERAPEUTIC SUGGESTIONS.

By Edw. C. Rothrock M. D., Tennessee Colony, Texas.

(Eleventh Paper)

### ALETRIS FARINOSA.

Aletris farinosa is also known as unicorn root, star grass, colic root, ague root, crow corn. It has a perennial root, with radical leaves, spreading on the ground like a star. From the center of the leaves arises the scape or flower stem, which is from one to three feet high, Unicorn is found in most parts of the United States in sandy soils; the flowers are white, appearing in June and July. The root is the part used and is crooked, small, blackish externally, brown within, and extremely bitter. Alcohol is the best solvent.

Aletris, in large doses is narcotic, emetic and cathartic. It is a fine tonic and is efficient in flatulent colic and dyspepsia, increasing the tone of the stomach; used also with benefit in general and local debility. It is a host in hysteria.

We have used aletris for forty-five years and its most valuable property consists in the tonic influence it exerts upon the female generative organs, having an especial affinity for those organs, giving energy to the uterus and appendices. Hence, it is of t e greatest efficacy where there is an habitual tendency to miscarriage. We have frequently given aletris in cases of threatening abortion, for three, four and five months, the woman going her full time without any un-

toward effect, rendering the labor easy and safe.

In chlorosis, amenorrhoea, dysmenorrhoea, and all engorged conditions of the uterus as well as the prolapsus of that organ, it is a charmimg remedy. It can be given alone or combined or alternated with caulophyllin, or cimicifuga, asclepidin, senecin or helonias, as indicated. We have often combined aletris and viburnum opulus or viburnum prunifolium, one ounce of each, forty drops every three hours in threatened abortion with success. The viburnum will allay pain; both are sedative to the uterine and ovarian nerve centers. I do not know of any better remedy for such troubles than aletris and viburnum as anti-abortive. The dose is the same of viburnum opulus and viburnum prunifolium ten drops to one ounce fluid extract. It is a valuable remedy for uterine colic and other abdominal pains. Hence, in ovarian irritation, dysmenorrhoea, viburnum will promptly relieve the pain.

Flatulent colic is quickly relieved with fluid extract aletris ten drops specific tincture dioscorein ten drops given every hour if the first doses not not relieve which it often does. In leucorrhoea aletris tincture ten drops four times a day or every four hours, is one of the best tonics and will act promptly where there is a debility, defective nutrition and anemia. If there is pain in hips and back, constipation and piles, aesculum hippocatanum can alternate aletris. If there is pruritus ten to fifteen drops collinsonia tincture alternated every three hours.

For ovaritis, aconite one drop every hour until fever abates, then every two hours until inflammation is controlled, then aletris farinosa, specific tincture ten drops, and tincture helonias dioica ten drops every three hours; if there is severe pain, induration, restlessness, pain from ovary down to thighs then specific tincture aletris ten drops and viburnum prunifolium are indicated. Hysterical symptoms, with suppressed painful, slight, or profuse menstruation indicates cimicifuga ten to fifteen drops fluid extract alternated with aletris every three hours. If pain is severe, burning, aching then conium tincture two drops every three hours alternated with cannabis tincture two drops every two hours will aid in the relief. If there is dragging, bearing down pain with induration, bryonia alba five drops three times a day will help the other remedies to cure. We find that a warm hop poultice or hot mush poultice with a few drops of turpentine on the poultice, placed over the ovary will relieve the pain quicker than anything else. The poultice should be removed so as to have a hot poultice on all the time until the woman is entirely relieved of pain. We have frequently relieved such cases in a short time by very large hot poultices, the heat will relieve quicker than anything else. We have relieved extreme agony in a few minutes, but the application has to be hot, not warm. It is astonishing how hot an application can be borne when there is intense agony present. The remedies can be given of course, at the same time. If there is induration, rigors, collection of pus, and pain increased during menstrual flow use thuja occidentalis two drops every three hours with rhus toxicodendren one drop.

In puerperal metritis with fever high, pulse full and strong, temperature high, we first use veratum viride in two drop doses every two hours and increase the dose, or lengthen the time according to its action. If great soreness over abdomen, cloths wet in hot water with a few drops of turpentine have a beneficial effect and are a source of comfort to the patient. Poultices act well also in adynamic type with prostration, bruised feeling, foetid odor from body and excretions.

dry red tongue, or brown tcngue; baptisia two drops thuja occidentalis two drops every three hours should be used until this condition is relieved.

Chronic metritis with constipation, constant desire to urinate, requires nux vomica one drop every two hours which will act well alternated with rhus aromatica; aletris twenty drops three times a day will aid the cure. If hemorrhage is a factor, then sabina oil two drops or ergot or tincture cinnamon ten drops as indicated. If tenesmus, then tincture cantharides one drop every hour until relieved. If putresence of uterus and ulceration of os, fluid extract secale cornutum ten to fifteen drops until corrected, or thuja occidentalis or alternate with the two. In chronic cases we have frequently depleted with tampons of sponge or cotton saturated with glycerine and hydrastin applied to the os at night and removed and vagina syringed out in the morning, and applied again; continued for several days as long as needed until enlargement of cervix uteri and engorgement of uterus was reduced. Phytolacca every three hours is a remedy that acts promptly in nearly every case; it will lessen the enlargement speedily, so will sepia ½ gr., three times a day. It is very toxical and this will have to be remembered. It will do good work if given in small doses and when its action is called for.

Dr. F. M. Confer, died at his home in Monroe, Wis., November 8, of typhoid fever. He was a well known Wisconsin practitioner and an able practitioner. He had contributed to the Recorder and his article on pneumonia in the 1898 volume was a well prepared, original communication. Dr Confer was a graduate of Rush Medical College and had taken postgraduate courses in New York and Europe.

## DUKE CARL THEODORE.

We present this month a good likeness of Duke Carl Theodore, of Bavaria, the royal oculist. So much has been said of him that it is of interest to see his portrait. The duke

DUKE CARL THEODORE.

has performed over one thousand cataract operations and is a scientific and philanthropic man. He maintains an eye hospital on his estate at Lake Tegern, in the Bavarian Alps. The poor receive as careful treatment as the rich. His daughter will marry Prince Rupprecht who will some day be king of Bavaria.

At the recent meeting of the Mississippi Valley Medical Association the following officers were elected: President, A. H. Cordier, of Kansas City, Mo.; first vice-president, C. F. McGahan, of Aiken, S. C.; second vice-president, Charles Minor, of Asheville, N. C.; secretary, Henry E. Tuley, of Louisville, Ky.; treasurer, Dudley S. Reynolds, of Louisville, Ky.; chairman of the committee of arrangements, J. C. Culbertson, of Cincinnati, Ohio. Next year the meeting will be at Put-in-Bay, O., September 10 to 12.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

(Ninth Paper.)

### CYSTITIS.

Most contributors to medical periodicals write as tho nothing else were to be taken into consideration except the treatment of disease. While this is a "paramount issue" there are yet other matters to be considered. We are willing to admit that disease may be treated and cured without having a name given it. In fact, we have successfully treated some troubles without knowing what to call them; nevertheless we proceeded on a rational plan, making our own deductions from the conditions as they presented themselves. But ordinarily, by a close study, we may know something of the etiology and pathology of every malady that we are called upon to treat, and not to look for these things is to grope our way in the darkness, hoping that if one thing don't cure another may. When the cause and nature of a disease are accurately ascertained, the treatment is a highly rational and logical procedure. In fact, he who works most accurately to the required purpose is the successful physician. We can do almost anything we want to with drugs, if we select the right kinds and administer them properly. Given a proper knowledge of the pathological condition to be met, then tne proper administration becomes the great consideration. These things, we say, ought to be made a study as well as therapeutics. Many a dose has been administered with the vain hope of easing the patient, when it was entirely neutralized by the condition of the stomach.

How would it do for these writers on medical matters to put their pens to work on causes, symptoms and conditions, as well as treatment? The books write down a great many such things about diseases, but out of all this rubbish what are you going to take as the distinguishing features of the disease? Would it not be nice for some one with a ready pen to tell us just what symptom is differential in the diagnosis of such a disease as cholera infantum? How do you distinguish it from a certain disease which very much resembles it? So many diseases have so many symptoms in common that it is a real discovery for some one to make the distinction between them plain and unmistakeable. We are glad to see a new journal springing up in the West having this idea for its exclusive field.

Let us apply this idea to the subject —cystitis. In mentioning the causes producing cystitis we may enumerate mechanical, chemical, bacteriological and catarrhal.

Of the symptoms we recall, severe burning pain in the bladder and perineum; a continual desire to void the urine, which is spasmodically passed a few drops at a time; tenderness over the pubes and also fever.

The diagnosis is usually easy. Yet there sometimes occur mild forms of it that are hard to differentiate from interstitial nephritis. Yet we may be reasonably certain of our diagnosis if we find hyaline casts in the urine; while if

hypertrophy of the left ventricle with increased arterial tension exist, the question is settled as to the existence of nephritis.

We once met with a case of pyelitis which gave us some trouble in differentiating. Tenderness in the neighborhood of the affected kidney. A marked intermission in the purulent discharge, and the attacks of renal colic steadied our diagnosis.

Now a word on treatment. In this disease there is irritation from uric acid in the urine on the one hand and from the chlorides in the mucus on the other hand. This must be looked after, and is best done by cleansing the bowel with seidlitz salt. And then by the use of asparagin and benzoic acid, a granule of each every hour.

We sometimes have a distressing tenesmus, which is readily calmed by hyoscyamine. This may be added to the granules above mentioned. If there is fever add aconitine or veratrin or both.

I remember a case in point with a rather heroic treatment. Mrs. M— complained of intense pain in the pelvic regions, simulating labor pains. Also a continual and painful desire to urinate, with frequent attempts to do so. After trying some remedies in vain, I injected hypodermically morphine sul. ¼, atropine sul. 1-200. Throat became dry, face flushed, pupils dilated and we had no further trouble with the malady. This was a case in which the tenesmus was extreme. Morphine would not relieve it but the morphine and atropine put an end to it immediately.

Here is a good formula for use in cystitis:

℞ Asparagin, granules 48.
Lithium Benzoate, granules 24.
Water, ℥ iij.

Teaspoonful every one-half to one hour.

## VARIOUS SUBJECTS.

By M. G. Price, A. B., M. D., Mosheim, Tenn.

Atropine Sulphate—Alkaloid belladonna. Local and general anodyne and anti-spasmodic. Minute doses (gr. 1-1000 or less) relieve localized congestions, as headaches (congestive), incipient stage of coryza, congestion of lungs, bowels, etc. Specially useful when extremities are cold and shriveled, as in various forms of cholera. Dissolve 5 granules in 10 teaspoonfuls of hot water and take 1 teaspoonful every 15 minutes until relaxation and restored circulation. (Aconitine useful with it.) For bed-wetting, 3 granules between supper and bedtime, with 2 of strych. arsen. Useful to check excessive sweating, ptyalism, bronchorrhea, rhinorrhea nocturnal spermatorrhea. In cerebral and spinal hyperemias it is very useful. Useful in all pains of inflammation, especially rheumatic, neuralgic, etc. A speedy heart stimulant, but must be quickly followed by other more permanent ones. Almost the only drug capable of slightly raising the body temperature. Antidote to poisoning by opium, physostigma and hydrocyanic (prussic) acid. A most useful drug, which must be extensively studied.

Copper Arsenite—A very valuable gastro-intestinal antiseptic and nerve tonic. Of great value in all choleraic discharges, notable in cholera infantum. In indigestion and nausea it is very useful, also in most "colics" and dysentery. Has been of benefit in spasmodic dysmenorrhea. This combination is far more more active or poisonous than any other preparation of either arsenic or copper. Its full dose is about gr. 1-100, but its therapeutic effect is obtained by giving about 1-2000 every 10 minutes till effect.

Calcium Iodide—The brown iodide of lime is a preparation entirely distinct from the iodide of lime of commerce. The latter is a stable salt of calcium and iodine, of light color and of very little therapeutic value. Iodide of lime is an unstable combination of these two elements, of a very dark brown color, with a large excess of iodine. This drug has been heralded abroad as a sovereign remedy for membranous croup or croup of any character. Dr. Beebe had a letter in the Medical Summary of March, 1894, in which he praises this drug as a specific in croup. Dr. Beebe says: "I have never lost a case of croup under this treatment, although I have used it for many years. According to my belief, every death that occurs from membranous croup could be averted by this treatment if employed within a reasonable time. I have never known it to fail when it had a fair chance." The iodine appears to be the true remedy in this combination. The drug is used as follows: Measure out ten grains and dissolve in four ounces of water; let the superfluous lime fall to the bottom of the container and administer one or two teaspoonfuls every 15, 30 or 60 minutes, according to age and severity; less when child is out of danger. Don't shake; keep in dark place.

Brucine—We learn from many researches that the action of brucine is less intense than that of strychnine—12 times less according to Magendie, 24 times according to Andral. Ingestion of any quantity below 10 centigrammes only produces tingling, itching and cephalalgia. Larger doses cause rapidly repeated shocks, somewhat electric in character. The fingers are rapidly extended and flexed. Brucine has no effect on the sensorium; sometimes vision is influenced by it and reading may become fatiguing. In short, brucine acts with much less energy than atrychnine, consequently its management is less dangerous, and this also renders it a precious agent in therapeutics. Therapeutic action—The hemiplegias following apoplexy, the paralysis resulting from arrested myelitis or a simple congestion of the cord, all do well under brucine, according to Bricheteau and Lepelletier. For those resulting from apoplexy, we should wait six months before having recourse to it to avoid the possibility of toxic phenomena from the cerebrospinal system. Saturine or toxic paralysis also calls for its employment. Finally, impotence may be victoriously combatted with brucine with more facility and less danger than strychnine, According to Narein, the salts of brucine possess an extraordinary antiseptic and anti-fermentative power.

Glonoin—Also called trinitrin. An invaluable emergency drug. Quick and effective in heart failure, fainting, asphyxiation, sudden internal congestions, hiccough, spasmodic migraine, neuralgia of the fifth, angina and neuralgic dysmenorrhea; 1 granule every 15 minutes till effect; dissolve on the tongue or in a half teaspoonful of hot water and pour in the mouth. Also useful, 1 granule six to eight times daily, in chronic Bright's disease and irritable, overacting heart.

Gelseminine Mur.—Alkaloidal salt from gelseminum. Motor depressant, anti-spasmodic, diaphoretic. Indicated in exalted nerve function and motor excitability, as in many forms of mania, insomnia, delirium, sthenic fevers, etc. Contraindicated in weak heart. Useful in cerebro-spinal meningitis, spasmodic coughs, migraine, feeling of impending trouble, remittent fever, dysmenorrhea, ovarian neuralgia, spasmodic urinary incontinence, irritable bladder, etc.

Potassium Bichromate—One of the most valuable of expectorants in the materia medica. Useful in laryngitis and other throat affections, croup, bronchitis, etc.

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

### PHYSICIANS AS CRIMINALS.

It is remarkable how frequently of recent times crimes of the most serious nature, fraud, forgery, theft, burglary, even murder for the purpose of robbery, are being committed by physicians. There are probably no statistics, at least none known to the writer, showing which percentage of criminals have formerly been furnished by the medical profession. But crime seems to be on the increase among medical men at present. Only one reason can be assigned for the phenomenon, namely: the well known fact that the number of physicians increases out of all proportion to the population and that by far the greater number of them has a very hard strugglo for existeuce. Those whose moral nature is not strong, fall easy victims to temptations in consequence.

### A STUDY OF THE MOSQUITO.

Attention having recently been directed to the mosquito as a carrier of the infection of malaria and possibly other germ diseases, the medical profession will be glad to learn that a late bulletin of the United States department of Agriculture contains an excellent and exhaustive study of the matter by Dr. L. O. Howard. It treats the subject in a scientific and also practical manner, brings it up to date and is well illustrated. The valuable publication can be obtained by merely addressing the department.

### FELONS AND BOILS.

An ordinary felon, boil or carbuncle may often be aborted by applying to the area sterile gauze soaked in oil of cedar. Before applying, thoroughly scrub and sterilize the skin with hot bichloride solution, 1 to 100. Cedar oil is rapidly absorbed, and I have not yet known it to fail to abort such local inflammation in twenty-four to forty-eight hours. If fluctuation can be elicited, it is wise to make a deep incision before applying the oil. This treatment was proposed by Dr. Roberts, and the results I have observed were surprisingly rapid and complete. In local induration following the use of hppodermic injections, the underwear may be soaked with the oil and the irritation will be rapidly removed. It is necessary to apply the oil about three times a day.

### LICENSING BOARDS UNCONSTITUTIONAL,

The supreme court of Illinois has decided that the pharmacy act of 1899 is void. The act in question created a board of pharmacy, consisting of five members with a secretary. No person in the state could compound medicines or sell at retail drugs or medicines without a license from the state board. The act is declared to be invalid on the ground of discrimination. The court says: "A law which thus invests any board or body of officials with a discretion which is purely arbitrary and which may be exercised in the interests of a favored few, is invalid." The sweeping decision regarding the board of pharmacy applies in principle to all regulations of law, by which the practice of trades, professions and arts is restricted to those who have obtained license from a board with arbitrary powers. There can hardly be any doubt that it applies to the medical practice act. How the public looks upon the matter can be gathered from a passage taken

from one of the Chicago dailies. It says: "The decision seems like just interpretation of the constitution of the state, which is broadly democratic. It says that the legislature shall never grant to 'any corporation, association or individual any special or exclusive privileges, immunity or franchise whatever.'"

SPINAL ANAESTHESIA.

Interest in the new method is universal and it is put on trial in various fields. Its applicability to obstetric work has been tested by Dr. Marx, of New York. He obtained satisfactory anaesthesia, but met frequently with what he calls disagreeable features, in fact alarming symptoms. In the obstetric clinic of Prof. Bumm, of Basle, medullary narcosis has been tried on a large scale. The motility or expansive force of the uterus was not impaired. The sensibility to pain, however, was completely abolished, the only sensation being one of tension. The most promising field for the new anaesthesia was found to be in forceps and version cases as a substitute for chloroform. What the death risk in long figure percentages is going to be in the use of cocaine spinal anaesthesia, no one can as yet determine, but some evidence has already begun to appear. Gumprecht reports two cases of sudden death in his own practice and refers to fifteen other cases of death following the production of spinal anaesthesia. Dr. J. Leonard Corning, who was first to suggest the method, is reported as saying: "I am no surgeon, but as a neurologist I tremble for the cord."

ADULTERATIONS.

The public was not a little surprised and alarmed by the disclosures brought to light in the investigations of food adulterations by a senatorial committee. Greed, responsible for the frauds and onslaughts on public health, is a motive, not only in our commercial life, but in that of Europe as well. From an English exchange we learn some of the frauds practised on the continent. If all the substances, it says, which pass through a coffee mill during the year should be written in alphabetical order, A would begin the list with acorns and W would end it with wormwood sprouts. Several coffee berry factories have been discovered, which are doing a large and profitable business by moulding an admixture of tan bark, stone, rust, clay, sawdust, chicory, coffee sediment and coffee meal into a neat berry by the aid of some agglutinant, and these berries were so well made that the deception was not discovered for a long time. Unroasted coffee berries are often made from oat and rye flour and corn meal, coffee aroma added and some adhesive substance used to give them shape. To discover the deception, place the berries in water which will dissolve them in a few hours. The adulteration of tea has also assumed large proportions. Take a handful of ordinary tea and place it in lukewarm water, and when the leaves are thoroughly saturated, open and spread them out and you will find a quantity of strawberry, linden, sage and other leaves in the collection. But should it be found that all the leaves belong to the tea plant, that will be no proof that adulteration has not taken place, for the Chinese have a trick of using the old leaves of brewed tea for the export trade, and European dealers having learned the trick, prepare these leaves themselves.

TIN FOR FILLING TEETH.

An English dentist has made a discovery that is likely to have a decided influence upon the future of dentistry. This practitioner declares that in ordinary cases tin is quite equal to gold for filling teeth. Chemically pure tin is run into a mould of proper shape, and when cold is cut by a lathe into very thin shavings.

# The Wisconsin Medical Recorder.

*A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.*

**J. P. THORNE, M. D., Editor.**

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**Letters, Case Reports** and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received


## RICINUS POISONING.

A fatal case of ricinus poisoning has been reported lately. A man, 26 years of age, chewed two seeds, and the purging, hemorrhages and vomiting resulted in death. The castor bean is a plant often raised for ornamental purposes, but considering the fact that every little while we hear of poisoning, it should not be cultivated as a lawn or garden plant. Children especially are apt to chew or eat the beans, with disastrous results.

## NUTRITION.

In many diseases good nutrition is the most important part of the treatment. While studying and practicing the medicinal treatment, we should never forget to give the attention to proper nutrition which it deserves. How important are pure air and good nourishment in tubercular cases; the same is equally true of scores of other diseases. We should always explain in detail the kind of diet our patients need and see that they get it. In addition, the use of some of the prepared foods builds up and assists in the restoration of health. Such prepared foods as milkine, bovinine, liquid peptonoids, etc,, give us valuable assistance in our work. The ideal food preparations which we today havc are one of the products of this progressive age.

## INSURANCE EXAMINING.

Life insurance has become one of the great financial institutions of this country, and its benefits are so well known that today nearly every acceptable man carries insurance. The importance of a proper medical examination for life insurance does not receive the attention it shoutd.

In the first place the examining physician should receive a fee which would make him feel that he could give sufficient time to make a thorough examination. The fees paid for life insurance work are too small, and most practitioners will hurry through the work when the pay is so small. We know of one life insurance order which requires its medical examiner to make a physical examination, a uranalysis and answer over 150 questions. To properly fill out this examination blank would require about two hours' time, and for all this the examiner gets one dollar. The examining physician ought to receive at least five dollars, and should never receive less than three dollars. This should be paid by the insurance order and then the physician would feel under no obligation to the applicant.

In the next place the examiner should do his work thoroughly and give the company the benefit of any doubts as to the applicant's condition. Some insurance concerns become hampered financially simply because they have not paid enough to secure thorough examinations. When a single company carries millions of dollars of insurance, too much attention cannot be given to proper and thorough medical examinations.

## THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

Any book reviewed in this department can be obtained of the publisher of the Recorder.

### BOOKS.

THE PERFECT COURSE OF INSTRUCTION IN HYPNOTISM, MESMERISM, CLAIRVOYANCE, SUGGESTIVE THERAPEUTICS AND THE SLEEP CURE, giving the best methods of hypnotizing by masters of the science. Published by the Psychic Research Co., Times-Herald Building, Chicago; price $5.

This work consists of twenty-four lessons on these subjects, giving a clear and comprehensive understanding of suggestion. Its principles are explained and the many uses of suggestion shown. Fifty methods of hypnotizing are given, thus enabling various classes of individuals to be influenced. This book is one which any physician will find useful. The publishers are making a special offer of these lessons with their magazine, Suggestive Therapeutics, as announced elsewhere.

MANUAL OF THE DISEASES OF THE EYE for students and general practitioners, with 243 original illustrations, including twelve colored figures, by Charles H. May, M. D., chief of clinic and instructor in ophthalmology, eye department, College of Columbia University, New York. Published by Wm. Wood & Co., New York, 1900; 406 pages, cloth, $2.00.

There are numerous works on the eye, which are satisfactory to the specialist, but the number is limited of those which the general practitioner wants. The author of this new book has presented a concise, practical, systematic manual, giving just enough, but not too much. Excessive detail and lengthy accounts of theories and rare conditions have been omitted, while common diseases which the general practioner is frequently called on to treat have been described with considerable fullness. This book will be used frequently in the work of the general practitioner. The colored plates are especially fine and depict as accurately as possible the fundus in its normal state and diseased conditions. The numerous illustrations are well executed and elucidate the text.

### BOOK NOTES.

The demand for "Coplin's Manual of Pathology" has entirely exhausted the first printing of the new third edition, issued shortly before the opening of the present term. Although both author and publisher had endeavored, aided by the suggestions of teachers who had used previous editions of Dr. Coplin's book, to make this new edition, both in text and illustrations, as complete a students' text book as possible, so large and immediate a sale had not been anticipated. P. Blakiston's Son & Co. announce that they are reprinting the book in every way similar to the present edition, and will be able within a short time to supply all copies required.

The "New Lippincott Magazine" for November is a sterling good number of a periodical that is growing better each month of its new existence. The complete novel feature has been maintained with never-failing interest, as witness "Madame Noel," by George H. Picard, in the present issue. Apropos of the difficulties in China is the supreme difficulty of its language and written characters. These are illustrated and made clearer for us in the November "New Lippincott Magazine."

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Dr. McNeal's hair tonic is made for professional use, by a reputable firm.

When in need of new books, the Recorder will be glad to supply you anything published.

Modern Culture for November contains a large amount of unusually good matter.

The Chicago type writer was awarded a gold medal at the Paris exposition on account of its superiority.

When you prescribe cod liver oil, you will be satisfied with the results which hydroleine will give you.

Write the Phenique Chemical Company, St. Louis, for samples of scrofonol and campho-phienque. You will find both useful in every day practice.

C. Bischoff & Co., New York, are rapidly introducing many new and valuable remedies to the profession. If you wish to know about them, write for samples and literature.

There are many passiflora preparations on the market, but if you want to get some sure results, always use Daniel's. We frequently use it in our own practice with gratifying results.

It is said that permanganate of potash in the proportion of half a grain to a quart of water will render nux vomica (also strychnia?), taken in poisonous doses, a harmless compound.

Dr. Nicholas Senn has added to his fame of surgeon that of a generous philanthropist by giving to Rush Medical College the sum of $50000. There are but few doctors able to make such princely gifts.

The Chicago Daily Inter Ocean gives its readers a great news service. In addition to the Associated Press dispatches, it has a special news service of its own. The Inter Ocean is a clean, bright, newsy paper.

The Antikamnia Chemical Company with usual energy had a fine exhibit at the Paris exposition. We have received from Paris a photograph of this exhibit, giving also a good portrait of the president of the company, F. A. Ruf.

A deci-normal salt solution is thus explained in the Medical Record. A normal solution in volumetric chemistry is a solution containing in 1,000 c. c. an amount of the active constituent just sufficient to combine with or replace 1 gm. of hydrogen. In the case of sodium chloride this amount is 58.37 gm., hence a normal saline solution is one containing 58.37 gm. to the litre of water. A solution one tenth of this strength (a deci-normal solution) contains 5,837 gm. to the litre, which is just about the strength of the saline solution used for venous infusion.

Palladium chloride has been used in tuberculosis with some good results. Five to ten drops, well diluted, of a 32 per cent. solution are given.

The governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley began the third series of clinical lectures on Diseases of the Skin in the out-patient hall of the hospital, on Wednesday afternoon, November 7, 1900. These lectures will be continued on Wednesday afternoons, and the course will be free to the medical profession.

According to the New York Medical Times, favorable results have been obtained in inoperable aneurisms by the injection of gelatine. The treatment is not devoid of risk. A 5 or 10 per cent. solution of dry gelatine in distilled water, to which is added 2 per cent. of chloride of calcium, has a remarkably haemostatic action when applied locally.

The M. J. Breitenbach Company's establishment was in the large fire recently in New York city, which started from an explosion in Tarrant & Co.'s laboratory. The market is fully supplied with pepto-mangan, Gude, and the firm has again resumed business. We are glad to announce that there has been practically no interruption to the business of the Breitenbach Company.

Count Castellane, the French spendthrift who is making ducks and drakes of the hard-earned Gould millions, is said to be a sufferer from coenaesthesis. Of course our readers know just what that is. If any should happen not to know, we refer them for information to the eminent scientist, Dr. Cyrus Edson, of New York, who comes to the front with customary alertness and says he has lots of cases.

The Wyoming State Medical Society met in annual session at Cheyenne Oct. 9 and 10. Much interest was manifested in the meeting. The following officers were elected for the ensuing year: President, Dr. E. E. Levers, Piedmont; 1st. vice president, Dr. S. B. Miller, Laramie; 2nd. vice president, Dr. J. W. Jolley, Rawlins; 3rd. vice president, Dr. C. Hawk, Green River; Secretary, Dr. I. R. Swigart, Laramie; Treasurer, Dr. J. L. Wicks, Evanston. Next meeting at Evanston, Oct. 1901.

The following list of recent books received is given in an exchange:

"What Is Money, but a Useless Thing," by Rocky Feller.

"A Manual of Manners; or How to Cut Ice in England," by W. Astor.

"The Bore at Table Bay," by T. Atkins. N. B. Only a few kopjes remaining.

"How to Live on Ten Dollars a Year," by Moving Often. N. B. Only a few moves left.

"Wooed and Won," by Bright Moonlight, author of "Kiss or Cuss."

We have heard considerable of late about medical trusts, and it is of interest to see what the Denver Medical Times says on the subject, as follow: The medical trust, we must presume refers most directly to the trust, that certain poor, human beings repose in decent doctors. The scoundrels, for example, who rise from their warm beds during cold, winter nights and ride one mile, or three miles, or ten miles in the face of a bitter wind, with the thermometer at zero, in order to attend some poor woman, suffering of the pangs of labor, and who so often receive for their services simply the

recompense of the Master's own phrasing, "well done, good and faithful servant." We often wonder why it is that the community, either as a whole or in part, should trust to the honor or integrity of men who perform such deeds.

In the surgical diseases of childhood peptomangan Gude is exceedingly beneficial. The following case was treated in the French Hospital, New York: B. F., a boy, aged 11, bearing the marks of old sores due to tuberculous cervical adenitis and presenting a very anaemic and ill-nourished appearance, was brought in on February 29, 1899, for a suppurating sinus upon the outer aspect of the right arm. A sequestrotomy was done, and a large sequestrum was removed from the humerus; the wound was curetted and healed nicely under gauze packing. The boy had taken cod liver oil and Fowler's solution for a long time, but was not much benefited. When first seen he had 3,100,000 red corpuscles and haemoglobin 33 per cent. He was given peptomangan in two-drachm doses, and in three weeks he had 4,254,000 red blood globules and haemoglobin 68 per cont.

Epicarin is a condensation product of creosotin acid and beta-naphthol, and represents an acid which is capable of forming easily soluble neutral salts, differing in this respect from beta-naphthol which forms only alkaline (caustic) phenolates. This property serves to explain the comparative innocuousness of epicarin, since according to Dresser a fish when placed a 1-16 per cent. solution of beta-naphthol became motionless in 20 seconds, whereas this effect developed only after three minutes in a solution of epicarin of one-quarter per cent., viz: four times as strong. Doses of 0.2 gm. per os were well tolerated by rabbits, without the occurrence of general symptoms of poisoning or the presence of albumen in the urine. The greater portion of the product could be recovered from the urine by shaking with ether. As regards bacteriological examination, experiments in Dresser's laboratory showed an almost complete cessation of yeast fermentation and a destruction of the staphylococus after an hour and a half. Epicarin has been used with good results in chronic eczema, scabies, prurigo, herpes tonsurans.

In an article on anal and scrotal eczema, J. S. Moreman, M. D., writes: In the very nature of things eczema is a most harrassing affection, but when it attacks the scrotum or the anus, or labii in females, the story of horrors would require some Victor Hugo to describe it correctly. One patient who suffered with eczema around the anus and on the scrotum declared that the punishment which in mythological story is meted out for Tantalus is nothing compared with eczema. The cases of pruritus ani and pruritus vulve will be found in a great many instances cases of pure eczema of these parts. Most of the classical writers on these subjects have declared this to be true, and in a practice where I have seen a great many of these cases I am forced to say that I have found nearly all cases of pruritus ani and pruritus vulvae to be due to eczema. These patients will tell us how the attacks of itching come on and the desire to scratch will be almost beyond the power of any human to withstand. In noitol we have a remedy that will promptly relieve the itching and bring about a cure of the eczematous process. The remedy is a liquid, and is to be applied to the eczematous surface every two or three hours, according to the severity and the frequency of the attacks of itching. Noi-

tol overcomes not only the itching, but relieves the associated dermatitis.

Dr. F. C. Wilson read a paper before the Louisville Medico-Chirurgical Society recently on his experience with the Roberts Hawley lymph. Among other things he said. The effects observed as following the use of the lymph are increased agility and suppleness of movements, general increase of muscular power, greatly improved mental and physical endurance. The texture, color, and activity of the skin show a marked change, kidneys and bowels become regular, insomnia is relieved and the vigor and strength of the generative organs is restored. The blood is enriched and the heart's action improved; stiffened joints, hardened arteries and hypertophied prostates are greatly benefited. All diseases characterized by perverted cell action either leading to nutritive disorders, to hypertrophy, atrophy, infiltration or degenerative changes may be properly treated by the lymph. Of 332 cases of chronic articular rheumatism, the failures to relieve were less than 6 per cent. In 38 cases of rheumatoid arthritis six cases were completely cured, ten improved in general health, though the joints were only slightly improved, while the remainder were greatly benfited, not only in general condition, but in the use of the joints. The exostoses in many instances disappeared with a marked reduction of deformities. Out of 402 cases of locomotor ataxia reported, 15 received little or no benefit, 52 cases were completely cured, 254 cases were greatly benefited, while 81 cases were moderately benefited. While my own experience with it has not given me the uniformly brilliant results reported by some, it has been such as to convince me that in the lymph we have a remedy capable of greatly benefiting, even if not curing, many classes of cases heretofore considered incurable. The results attained in the treatment of locomotor ataxia would be almost incredible had I not seen them.

The methods by which patent medicine men get their testimonials is shown by the following from a New York daily newspaper: Representative Otey was once asked how his picture came to appear among the great number of statesmen and public men whose lives had been saved by the use of some nerve tonic. "It was in this way," said Otney. "My wife was induced to buy a bottle of the stuff, and just to satisfy her I consented to take some of it. There was nothing the matter with me, but she had read an advertisement somewhere, and fearing that my health was not as good as it might be, she bought the medicine. 'I think that stuff did you good,' she said to me one day. 'I guess it did,' I answered, 'but don't buy me any more of it.' Some little while after this Mrs. Otey mentioned to some of the neighbors that I had taken the medicine and thought highly of it. So the matter got talked about, I suppose, and a few days later Mrs. Otey got a letter from some one asking her what I thought of the infernal compound. Without suspecting the writer of being an agent of the medicine company my wife wrote a brief reply, merely stating that I had taken a bottle of the liquid and found its effects beneficial. Within ten days my picture was appearing in the newspapers of the country as a noted member of congress, whose system had been toned up and his life prolonged by the use of Dr. Somebody's mixture. Big posters bearing my likeness were also put out, and although I was indignant, I did not see what I could do, for you see they had really secured a letter from my wife."

I prescribe Hagee's cordial of cod liver oil compound as a palatable upbuilder. A. M. Carpenter, M. D., Professor of the principles and practice of medicine and clinical medicine, Barnes' Medical College, 3537 Liniell Avenue, St. Louis.

The physicians of the stricken city of Galveston, assisted by surgeons who hastened there from many places in the country, did most heroic work for the relief of the sick and injured under most unfavorable surroundings. Grave sanitary problems confronted the unfortunate city.

There is nothing irrational in the idea that mosquitoes may be the carriers of disease germs, notably those of malaria. It is admitted that other insects, as the common horsefly, the bluebottle, can transfer disease from animal to animal or man, and it is highly probable that bedbugs are active distributors of tubercular bacilli.

In case of chronic cough associated with debility the following is very efficient:

℞ Ammon. chlor.,
Ext. glycyrrhizae, aa ʒ ij
Codeinae, gr. vj
Hydroleine ʒ xij

M. et Sig. Dessertspoonful four times a day, or oftener if cough becomes particularly distressing.

Dr. Willcomb refers in his article to the fact that much discredit has been given to electricity as a therapeutic agent on account of poor apparatus. Many firms selling electrical goods are irresponsible and send out inferior appliances. The houses advertising such goods in the Recorder are reliable, and make only the best of apparatus.

It is remarkable that in the great disaster which befell Galveston not one of the numerous physicians of the city was lost or even seriously injured, although they administered manfully to the needs of the sufferers, undeterred by the dangers from flood, storm, falling ruins and floating wreckage.

It affords me pleasure to attest my appreciation of sanmetto. I have used it quite extensively for the last eight years, and the results have fully justified all the good things I had read about it. I use it in both males and females. For irritability of the genito-urinary tract, either specific or non-specific, my results are good following the exhibition of sanmetto. I shall continue its use. J. D. Westrick, M. D., Defiance, Ohio.

We publish below a letter fram John D. Wyatt, M. D., of Minneapolis, to Dr. W. Towns, of Fond du Lac: The package containing samples of "Epilepsy Cure" reached me in good order and I at once put a patient upon it according to directions. Patient was 21 years of age and had been waiter in a hotel until his case got bad. The seizures commenced several years ago increasing in frequency but lasting only a few moments. They came suddenly and passed off suddenly and at the time of consulting me, Sept. 17, 1898 would average probably from 15 to 20 a day. October 12, he commenced taking your cure and soon the fits became less frequent. The last report from March 9 to March 14, he had only one. I have given him a mild cathartic occasionally, otherwise nothing but your cure, and it would seem that it is doing all that could be expected, so that the patient as well

as the doctor feel well pleased with the results. In the future I shall feel no hesitancy in prescribing your cure as well as recommending it in cases of epilepsy.

Probably every reader of the Recorder has closely followed the articles upon Suggestive Therapy contributed by Dr. J. T. McColgan to our pages. There is a call now for further instruction along these lines and our readers are advised to consult the advertisement of The Psychic Research Company in this number. This Company offers a six months subscription to their journal of Suggestive Therapeutics, regular price $3 a year, for $1 and to any of our readers who accept this proposition they will present a free copy of their course of instruction in hypnotism, mesmerism, suggestive therapeutics and method of treatment during natural sleep; copies of which they have been hitherto selling right along at $5.00. The Psychic Research Company further authorizes us to state very positively that if any of our readers are dissatisfied upon receiving the course, they have only to say so and they will receive their money back by return mail.

Godshaw (Medical Progress, August, 1899) laments the fact that notwithstanding persistent study and experimentation we do not possess any reliable means for cutting short an attack of whooping-cough. The best treatment will do no more good than palliate symptoms and diminish the frequency and severity of the paroxysms of coughing. This is beneficial and frequently essential, especially during the night. An opiate, when carefully selected, will yield the desired results without doing harm probably better than any other drug. Papine is the best and should be given in doses of five to ten drops to an infant one year old. Older patients will require proportionately larger doses. The object should always be to lessen coughing that the child may be able to sleep, and not to produce sleep. Some physicians rely chiefly on antispasmodics—belladonna, bromides, asafetida, etc., but these frequently fail. The inhalation of steam is valuable to facilitate expectoration. Careful nursing to avoid complications, and the judicious use of papine will do much to lengthen the interval between fits of coughing even during the daytime and thus husband the little patient's strength.

From the Antikamnia Chemical Company, St. Louis, U. S. A., have been received two samples of its products—antikamnia tablets, and tablets of this substance along with codeina. Antikamnia, as its name implies, is an analgesic and anodyne. It has gained much favor in the United States for this and for its antipyretic action. A coal-tar preparation from several of the "amido" derivatives, it has been proved not to depress the heart after the manner of other coal-tar derivatives. Each tablet of antikamnia centains five grains of the drug (the usual dose) which can be repeated every fifteen or twenty minutes until three or four doses have been taken. The compound tablet consists of 4.75 grains of antikamnia and one-quarter grain of codeine, and has been especially brought forward for the treatment of pain where spasm or physical causes of irritation exist, and which is more amenable than to the synthetic drug alone. Both the simple and compound tablets merit a trial in neuralgia and spasmodic ailments, and as their freedom from injurious action upon the heart and circulation is invariable, they will certainly continue to be received by the profession with favor.—Edinburgh Medical Journal, March, 1900.

## BRIEF MENTION.

Acneine is a remedy which gives good results in dermal troubles. Send for a free sample and give it a trial.

Investigate the merits of Dr. Kellogg's funis ring. It is all right and does all that the doctor claims for it.

The Dr. Becker Compound Digest Company will send free samples to Recorder readers, of the compound digest.

Send for samples of milkine and give it a trial. The milkine tablets make a very efficient, convenient and palatable food.

When an efficient antiseptic is desired in treating eye diseases, Marchand's eye balsam will be found useful and satisfactory.

The Alma Sanitarium is a most satfactory place to send patients requiring sanitarium treatment. Patients at the Alma receive proper attention every day.

Iodide of lime is the specific for membranous croup. All our readers should send to Billings, Clapp & Co., Boston, for a supply, and never be without it.

Health Commissioner Reynolds, of Chicago, is reported to contemplate a plan for licensing the sale of horsemeat, owing to the large amount of it now sold as beef.

Send for a free sample of irisol. The East Avenue Drug Company, of Hamilton, O., will send free samples to Recorder readers. It is an antiseptic powder of great value.

All physicians use hypophosphites, but all are not as careful as they should be to use a good preparation. If you use Fellows', you are always sure of something good.

Dr. Rothrock has presented Recorder readers the great value of echinacea and thuja. The best way to use them is in combination in the form of ecthol, made by Battle & Co.

Write to the H. M. Merrill Company, Cincinnati, for their price list. This firm makes a large line of elegant preparations and is one of the best firms in the country to deal with.

When you need reliable instruments try those of Sharp & Smith, Chicago. The country is being flooded with cheap, poor instruments, but in the end it never pays to buy such instruments.

Dr. M. Randolph Latimer, Aquasco, Md., says: I had my druggist obtain for me a bottle of pil. orientalis, which I used on an old gentleman over 70 years old, for functional impotency, with decided benefit.

Are you using the elegant goods which the Abbott Alkaloidal Company makes? If not, send for a supply of samples. Samples are free to our readers, and you will be delighted with them and the results they will bring you.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

## ICHTHYOSIS.

This disease is also known as fish disease, xerodemia ichthyoides, ichthyose or porcupine disease, impetligo excoriativa. Ichthyosis manifests itself in the beginning by great dryness of the skin, with excessive production of horny cells or scales. At first the skin is not changed in color. Later, however, the masses of epidermis become a brownish or grayish color and much thickened and are separated into little elevations by lines and fissures. In some instances the color may become a dark brown or even black, but such are comparatively rare. A striking peculiarity of the disease is the absence of perspiration, owing, no doubt, to the thickened epidermis. As a rule it appears in early life; sometimes in early adult life. It is distinctly hereditary and frequently affects several members of a family. Once fairly established it is very difficult of cure, and persists during the life of the person. The disease generally begins on the outer aspect of the extremities and spares no part except the flexures of the joints, the genitalia and the face.

Have just discharged a bad case who had been treated a number of years by different physicians and dozens of advertised remedies but to no appreciable benefit. In nearly all cases cod liver oil was prescribed and the patient thinks he took at least a half barrel of it.

My treatment consisted of first the thorough cleansing of the digestive tract with Abbott's saline laxative. Then I give a mucilage of marsh mallow (althea) root, two ounces to the pint of water and filtered through two thicknesses of filtering paper after which two ounces each of pure glycerine and bovinine are added. A tablespoonful is administered twice daily, before breakfast and on retiring. I use locally an ointment of marsh mallow with peroxide sodium one drachm to one ounce applied on retiring. Also a soda and capsicum hot bath, once a week. Patient improved under this regime at once and was to all appearances cured in 75 days.

Dr. William B. Mann,
1570 Asbury Ave., Evanston, Ill.

## AN INTERESTING CASE.

Anton K. an old veteran came to my office July 15, 1900 for electromagnetic treatment. He stated that he had rheumatism, and neuralgia of the spinal cord, shoulder blades, and back of the neck, etc.

In the course of a few sessions not obtaining the usual results of my treatment I scrutinizingly inquired into prodromal affections. He told me that he felt stiff necked, sometimes a day or so before the severity of the disease came on. From this I concluded that his ailment is a partial paralysis of the cervical part of the sympathetic nerve from a pressure caused by a swelling of the upper part of the medulla spinalis, where it anastomoses in wedge form with the medulla oblongata. The medulla spinalis entering the foramen magnum in the back side of the downward going medulla oblongata, has a chance for some swelling without causing much inconvenience, ou account of a small space inside of the os occipid, below that part of the cerebellum called the arbor vitae, as anatomically well depicted by Prof. Dr. Feigel of Wurzburg. This seems to be the reason

why those periodical attacks are caused by cold or change of weather in severity. This conclusion caused me to read up this very interesting case.

I found a master essay by Prof. Moritz Smoler in Vol. 125, Prager Virtel Yahres Schriften. The authors there adduced and amalgamated are: Nicatel, La paralysie du nerf sympatique cervical; Claude Bernard, Brown-Sequard, Romberg, besides older works; Eulenberg and Gutman are stated to have said that partial traumatic paralysis of the cervical part of the sympathetic nerve was often observed during our war of rebellion.

Symptoms during the attack are:

1. Ocular disturbances.
2. Hyperemia, passive blood pressure.
3. General debility, malaise.
4. Migraine, apparently caused by catarrh like symptoms of the eyes, ears and nose on the afflicted side of the face, in this case being the left.

I have used the Professor's treatment, electro-cataphoresis of a compound of iodine and belladonna. The result of my treatment has been abridgement of the attack, the time of frequency extended, and a quicker clearing of the mental powers. This case has been treated for rheumatism without any good results in San Francisco, St. Louis and other cities. Anton K. being a typographer by trade had occasion to wander from place to place as it suited his notion.

Electricity well understood and common sensely applied is a wonder worker but be sure to have the right kind of a battery and the proper electric machine or you will be disappointed.

DR. F. A. BECKEL,
Sheboygan, Wis.

The last paragraph of Dr. Beckel's article gives in a nutshell the requirements for successful electrical work. In the first place it is neccessary to have proper apparatus and then the physician should thoroughly understand electro-therapeutics. The series of articles by Dr. Willcomb, which begins in this number will give much practical information on this subject.

## BLOOD CURE OF CHRONIC GASTRIC CATARRH.

Sam A——, age 34, English, admitted June 2nd, 1900. Diagnosis, chronic gastric catarrh. The case was sent to me by Dr. R——, he having given up all hope of doing anything for it himself. Prior to being treated by Dr. R——, the case had been in St. Luke's Hospital for six months, but there received little or no benefit.

The general symptoms presenting were: Loss of appetite, disagreeable gnawing, and at times, fullness in the stomach, tenderness at the epigastrium, slightly influenced by eating, almost constant prominence of the epigastrium from detension by decomposing gases. The patient has occasional attacks of nausea and vomiting, occurring most frequently on arising, consisting of gray mucus raised after great retching; constant thirst; often great burning at the pit of the stomach, bowels constipated, urine high colored. There was a constant feeling, of mental depression, and sleeplessness, with occasional attacks of vertigo. The patient also had a follicular pharyngitis of an aggravated type. He was very thin, muscles relaxed, and the skin dry. On entering the hospital he was so weak that he had to be carried from the ambulance on a litter.

His secretions were regulated and he was put on an absolute bovinine diet, half a teaspoonful every hour in lime water and peptonized milk. Once in 24 hours he was rubbed thoroughly with olive oil. The folli-

cular pharyngitis was first treated by cleansing the surface with bovinine-Thiersh, followed by spraying the bovinine pure, this being employed every three hours.

On the 10th, the patient felt stronger, was sleeping well, and was not so depressed mentally, burning in the pit of the stomach greatly reduced, no vomiting, but still present, nausea and constant thirst. The bovinine was now increased to a tablespoonful every two hours, and the treatment of the pharyngitis reduced to twice in 24 hours.

On the 20th, the patient was up and about, feeling much stronger, having gained five pounds in weight. The constant thirst had disappeared as well as the nausea. He also craved some general diet. He was, however, perfectly nourished and did not complain of being hungry, only thought he would like to try and eat something. This was not as yet allowed.

On the 22d, however, his condition still being on the gain, he was allowed a little rare beef well chopped up, and a piece of toast. This he ate with relish, and retained it without any discomfort. Treatment continued.

On the 23d, the follicular pharyngitis had entirely disappeared. He was allowed some rare chopped beef, a little rice and toast.

On the 25th, he took a long walk and on returning, said he felt splendidly.

On the 28th, he was discharged, cured, with the advice to continue the bovinine and to report for examination at the end of a week.

The action of the bovinine on this class of cases is as in all others. First, it gives the alimentary tracts absolute rest, and at the same time supplies perfect nutrition, containing as it does every element in the proper proportion to sustain the human organism.

T. J. Biggs, M. D.
Stamford, Conn.

## A GOOD TONIC.

I wish to give the Recorder the formula of a splendid all around "pick me up" tonic which is a favorite of mine.

℞ Compound tincture cinchona.
Compound tincture gentian.
Phosphoric acid dilut. aa. ʒ iss.
Glycerine ʒ i.
Fluid extract hydrastis.
Fluid extract nux vomica aa. ʒ ss.

Mix. One teaspoonful in water as often as desired.

Jos. Adolphus, M. D.,
South Atlanta, Ga.

## ANNOUNCEMENT.

The next meeting of the Western Surgical and Gynecological Association will be held in Minneapolis, Minn., December 27-28, 1900.

Georoe H. Simmons, Sec.-Treas.
61 Market St., Chicago, Ill.

## ROENTGEN SOCIETY.

The Roentgen Society of the United States will hold its first regular meeting in New York City, at the Academy of Medicine, 17 West 43d Street, December 13 and 14, 1900.

There will be offered advantages to the visiting members at our meeting for instruction in X-ray work, that cannot be had under any other conditians.

Our society was organized for scientific purposes, for mutual advantage and defense, if necessary, offense. We wish to enroll the entire profession, all those working in the X-ray field, but we are after the quacks, in and out of the profession, using the unknown ray, for purposes not very honest, but known to all of us.

Dr. J. Rudis-Jicinsky, Sec.
Cedar Rapids, Iowa.

# The Wisconsin Medical Recorder.

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## LEADING ORIGINAL ARTICLES.

### PLACENTA PREVIA

CASE REPORT.

By H. A. Giltner M. D. Chelsea, Indiana.

C. W. came to me on October 15, 1900, to consult me in regard to his wife, who was pregnant in the eighth month, as they believed.

On the night before she had had light pains for two or three hours and some hemorrhage. As there was no way of telling whether she was at full term or was going to miscarry, I directed that she remain perfectly at rest and to notify me if there were further developments.

I heard no more of the case until October 29, when I was called to attend her in labor. I reached the residence at 12 o'clock, midnight. She had been in labor since 9 o'clock and was then having pains of moderate severity. Some clotted blood had been passed previous to my arrival. On examination I found the fetus so high in the pelvis that it could not be reached, and the os uteri very slightly dilated. On palpation the abdomen was found to be unusually small with the fetus lying obliquely across the uterus, the head below and toward the left side. During the pains no contraction of the uterine muscle could be detected. Shortly after my arrival about a pint of semi-clotted blood was passed and the patient was vomiting every few minutes.

At 2 o'clock the pains had nearly ceased. Gave quinine but it was very hard to retain and had little effect. There was no further hemorrhage at any time. The pains not having returned at 7 o'clock, I gave two hypodermic injections of morphine and returned to my office promising to call again just after noon, with instructions to come for me if there was any change. About 12 o'clock a messenger came for me and I hastened to return. The child had been born about 15 minutes before my arrival. They had failed to notify me when the pains returned, with the above result. While preparing to examine patient, I inquired if the afterbirth had been expelled, and was told that it had not, but that something came away about twenty minutes before the child was born. On going to the bed I found a dead child with the placenta attached.

There had been no hemorrhage at all, and the uterus was well contracted. At this writing, five days afterward, the mother is doing perfectly well.

I can not but tremble when I think of what the consequences might have been before I reached there. I am unable to find on record a case of placenta previa where the placenta was expelled before the child. Of course when blood passed I thought of placenta previa, but when after five hours there were no further signs of it, I thought it probable that she was not at full term and would not be confined at that time. The child was fully formed, and motion was felt twelve hours before delivery.

The cord was wrapped three times around the neck. I see now that I should have administered chloroform and passed the hand into the vagina. By this means the true state of affairs would have been discovered and labor carried to a speedy termination. But, of course, it is always an easy task to see what we might have done. By such cases we can learn to be on our guard if similar ones are met in the future.

No case of placenta previa, if recognized to be such, should be left until after delivery and all danger of hemorrhage is passed. If there is any doubt it had better be given the advantage, as there is no more fruitful source of danger to be found in obstetrical work.

## THERAPEUTIC SUGGESTIONS.

By Edw. C. Rothrock, M. D., Tennessee Colony, Texas.

(Twelfth Paper.)

### EUONYMUS ATROPURPUREUS.

The common names are wahoo, indian arrow, burning bush, spindle tree. This is a small shrub or bush, from five to ten feet high with smooth branches. The bark of the root is used and contains a bitter principle named euonymin, also resin and oil, etc. The bark is tonic, laxative, alterative, diuretic and expectorant. Euonymus acts through the solar and hypogastric plexuses of nerves. Its action on the liver is similar to podophyllin, but more powerful producing a free flow of bile, hence, is a remedy for torpid liver. It has a special affinity for that organ. In indigestion, with inaction of liver euonymus thirty drops tincture three times a day or euonymin four to five grs. will soon tone up the stomach and other digestive organs, and remove this pathological condition. Large doses will produce headache, sicken the stomach and cause diarrhoea. Alternated with hydrastin it is an efficient tonic in inertia of stomach and bowels. It is very successfuly used in intermittents, dyspepsia, torpid liver, constipation, dropsy, gastralgia and pulmonary affections. There are several varities used indiscriminately. The Euonymus atropurpureus grows in the United States in woods, thickets and river bottoms, and flowers in June. Water and alcohol extract its virtues.

In acute Bright's disease, with oedema of eyes, face and extremities, fluid extract euonymus twenty-five drops every three hours will have good effect: alternated with apis mel. will be of great benefit as we have often so cured such cases: the apis mel should be administered in small doses two to three drops. We have frequently alternated euonymus with Fowler's solution of arsenic two drops and asclepias syriaca fluid extract twenty drops with advantage in this condition, Fluid extract euonymus thirty drops, fluid extract jaborandi ten drops three times a day is of great efficacy in Bright's disease. In chronic constipation, intestinal indigestion, fluid extract wahoo thirty drops, with fluid extract hydrastis fifteen drops is one of the best combinations, given three times a day. If much acidity of stomach exist then fluid extract robina eight drops will meet this, if other remedies fail.

If the liver is at fault, nux vomica five drops before meals, alternated with euonymus will act well. Cascara sagrada is also a reliable remedy in this condition. If the stools are hard, lumpy, light colored, dry, wahoo fluid extract fifteen drops with fluid extract bryonia fifteen drops three or four times a day is prompt to relieve this. If pain in rectum and hemorrhoids, sticking sensations at stool, fluid extract aesculus hippo ten drops every four hours with euonymus, will relieve the constipation and inertia of rectum. Tincture collinsonia ten drops will, if other remedies fail, relieve hemorrhoids. Collinsonia is also a charming remedy for indigestion and functional diseases of the urinary apparatus.

In diseases of the respiratory organs, and when irritation is in the larynx with change of voice, collinsonia frequently will act like a charm in relieving the pain and irritation in the throat, soreness of back and side. Podophyllin 1-4 gr. at night, wahoo thirty drops three times a day will frequently cure this. Aloes, small doses 1-4 gr. at night, wahoo thirty drops three times every three or four hours will cure those cases induced by a sedentary life. Constipation with sticking pains in rectum, wind in bowels, mucous discharge, light colored, euonymus twenty drops, fluid extract with chelidonium twenty drops and tincture assafetida ten drops every four hours will act promptly and surely. If pain in region of liver, stools hard, scant, lumpy and light color, portal congestion, fluid extract euonymus twenty drops, fluid extract collinsonia twenty drops three times a day will regulate the biliary action nicely and relieve constipation. In cases of gall stones, euonymus every three hours is curative; paroxysm of pain is often relieved with berberis vulgaris five drops, tincture chloroform is used for same effects. The spasmodic condition caused by passage of gall stones is relieved by gelseminum, green root, twenty drops repeated every one or two hours until relieved if indicated, until the stones pass. If there is a fever then aconite, five drops every three hours until fever abates.

In dyspepsia, mouth and throat dry, tongue coated yellow, bitter taste, belching, soreness in epigastrium, nausea, bloating of bowels, congestive headache, jaundice and constipation, no remedy will act more promptly and surely than eunoymus specific tincture twenty drops every three hours, and if nux vomica two drops is used before meals, it will decidedly help the cure. If there is water brash, disgust for food, then fluid extract bryonia alba. Ten drops alternated with euonymus will tone up the stomach, increase appetite and act on the entire digestive organs. Lemon juice ls of great service in this condition also. Females, who are weak with catamenia irregular, deficient, and there is a dry mouth, nausea, no appetite, slow digestion, vertigo, constipation, gas in the stomach and bowels, sleepliness and nervousness, etc,. euonymus twenty drops, fluid extract aletris farinosa twenty drops will act promptly and cure every time, lime juice or phosphoric acid three times a day acts well in conjunction with other remedies. If tongue is pasty, white, dry, pointed, then sulphite sodium ten grs. with other remedies, as aletris and euonymus. If there be a gnawing pain in the stomach, with colic, constipation, desire for food, then there is nothing to equal euonymus twenty drops, fluid extract chelidonium twenty drops, ginger tincture five drops every three hours in relieving the portal circle. Euonymus acts direct and promptly upon the secretory organs. Where there is a lassitude, obstinate constipation, frequent desire to urinate, bloating, dull headache, euonymus will relieve alternated with

hydrastin twenty drops of each before meals will in all cases aid digestion. If diabetes or albuminuria, then helonia dioica fluid extract ten drops alternated with euonymus twenty drops every three hours is of great benefit, if amount of urine is great, then rhus aromaticus fiuid extract twenty drops three or four times a day will reduce the amount. In pancreatitis, fluid extract euonymus twenty drops is curative in inflammation of this conglomerate gland. Euonymus has an elective affinity for the pancreas as well as for the liver and spleen, hence, will do good when inflammation is well marked in that organ. If fever then aconite one drop every hour until fever is reduced, when inflammation is subdued then chionanthus fluid extract alternated with euonymus fluid extract thirty drops of each three times a day. Fluid extract pulsatilla five drops, fluid extract iris versicolor five drops, either one or alternated is also good treatment. If liver is implicated, bryonia alba ten drops every four hours will help greatly. In hyperaemia or congestion of liver, hepatitis, inflammation and enlargement of liver, euonymus and chionia are specific.

## PNEUMONIA.

By W. H. Russell, M. D., Ipswich, Mass.

It was my fortune, to read a few months ago, articles written by sixteen different physicians, on the subject of pneumonia, and there was such a diversity of opinion expressed, as to the treatment of the disease, which is so dreaded in our northern latitudes, that I recalled the assertion made by a practitioner of long ago: "Where there is so great a diversity of opinion with regard to treatment, and so many different drugs advocated for treatment of a single disease, there is in reality no treatment for that disease." One of our very scientific authorities makes the assertion, (and I sometimes think that the more scientific the author is, the less practical are his writings) that pneumonia cannot be benefited in the least by treatment. But I think his testimony can be rebutted by hundreds of practical backwoods and swamp doctors, whose efforts have been directed towards the therapeutics of the disease, rather than towards the cause as demonstrated hy the microscope.

When the scientific investigators of disease first made the announcement that pneumonia was an infectious disease, and that the specific germ had been eliminated, it was thought the treatment as practiced in the past was wrong. Antiseptics were advanced as the proper drugs for use in the treatment of this disease. This was, undoubtedly, a right step in the therapeutics of the disease. But it was found that practice and theory did not always go hand in hand. Patients died in the same manner as of old. Then came ice poultices and coal tar remedies. The treatment of pneumonia to-day, as laid down in many of the text books, is about as follows: Venesection, ice poultices, and coal tar.

If this disease consisted of an entity in the shape of a bug labeled pneumonia which could be disposed of by tapping the vessels and allowing he, she or it to flow away with the life stream, or by applying ice to the chest freeze them out, then we might say that bleeding and freezing were good treatment for pneumonia. But, unfortunately for us, we cannot practice medicine in this manner. Pneumonia is a generic term including conditions diametrically opposed. In one case we may find a full blooded, strong man with full bounding pulse and severe dyspnoea; a case of sthenic pneumonia. The next case may be a frail, puny woman, with weak, small pulse, with every symptom of debility; a case of asthenic pneumonia. It is

obvious that these two cases could not be treated in the same manner, at the outset of the disease, yet in the course of a few days the first case may need treatment practically the same as the second case.

It is obvious to the thinking physician that the treatment indicated in the first case would kill the second case. Therefore, there is no treatment for pneumonia, but the physician who is well versed in pathology, materia medica and therapeutics may apply his remedies in accordance with specific diagnosis to such pathological conditions as may be included in the disease known as pneumonia. We must treat the patient. During the course of the disease we shall be obliged to treat lungs, heart, stomach, intestines, kidneys, skin, head and nervous system. In fact every organ is thrown more or less out of balance because of the lesion which centers in the lungs. In addition to the engorgement, and hepatization, there is a condition of general blood poisoning from absorption of toxins. It is apparent that the patient suffering from the condition known as pneumonia, must be treated as a person suffering from congestion, inflammation and septic poisoning, plus a weak heart and crippled lungs.

Coal tar should not be used in any condition where there is a tendency to weak heart; therefore I should rule coal tar preparations out of the treatment of pneumonia. There is only one condition in which I use coal tar synthetical preparations, and that is in the terrible headache which accompanies la grippe. I select my cases carefully, and give only one grain of the combination of acetanilid, sodim bicarb, etc., hourly, instead of five or ten grains, as recommended. But even in one grain doses, it will bear watching. I should never give coal tar preparations, whether known by that commercial name or by some forty derivatives, in pneumonia or typhoid fever. It is malpractice. But some may say, I have used coal tar, and although my patienfs have been very sick, yet they recovered. Don't you think they would have done better without the coal tar? Didn't the coal tar cause some of the bad symptoms while you attended to the disease? I know that this gas house derivative is the principal remedy, which is today presented by physicians generally, regardless of school. I think I can say without fear of contradiction that a large number of death certificates that have been filled out, "heart failure" should have read, heart failure caused by coal tar.

If we must prescribe sedatives, we should select those which will strengthen the heart at the same time sedation is produced. In the case with strong, full, bounding pulse, veratrum viride is the remedy. If we are to do efficient work, we should see the patient during the first stage. The testimony of hundreds of men may be given that they have aborted pneumonia. In the small, weak pulse, aconite would be indicated, in the small, dose frequently repeated, for direct effect.. The bowels should be evacuated, the kidneys kept active and the skin in condition for transpiration, for the elimination of toxic matter. The heart should be looked after, and heart failure anticipated. After failure of the heart I have never derived much benefit from digitalis, alcohol, nitroglycerin, etc. I think strychnine should be given in good, generous doses, as a general tonic and as a stimulent to the heart, and should be commenced early enough to anticipate heart failure. It is impossible to more than lay down a few principles for the treatment of this formidable disease. The physician must apply his knowledge of diagnosis and therapeutics day by day to the conditions that he finds.

Every successful physican, regard-

less of school, is a specific diagnostican, and specific medicationist. They have found after years of experience that certain drugs are indicated in certain diseased conditions; i. e.: a certain drug will relieve a certain symptom regardless of the name of the disease of which the symptom may be a part. No successful physician treats the name of the disease. Symptoms are the key notes which indicate pathological conditions. Therefore it is impossible to formulate a treatment that will "hit" every case of pneumonia. Drugs should be presented in the smallest dose that will produce the required result.

I have never used venesection nor ice poultices. My cases have been as a rule of the asthenic type. It is seldom that I meet with a case where heroic treatment is indicated; i. e., the full blooded patient with excessive dyspnoea, etc., therefore it is evident that the routine practice of venesection and ice poultices in every case labeled pneumonia, would be malpractice. This heroic treatment might answere in a few selected cases, but it is obvious that it is not the treatment for pneumonia.

A great factor in the successful treatment of diseased conditions, is the use of a good preparation. You can not get good results from an inert preparation. Much of disappointment and vexation is due to the poor quality of the tinctures, fluid extracts, etc., of vegetable preparations that flood the market. Many a physician has lost faith in drugs, because of the poor quality of drugs which he finds in the ordinsry drug store. Cresotal is a valuable internal antiseptic in the treatment of pneumonia.

A Russian physician says electric light is the least injurious to the eyes, and that the oftener the lids are closed the greater the fatigue. With electric light the lids close $1\frac{4}{5}$ times a minute; gas, $2\frac{4}{5}$.

## NOTES ON COD LIVER OIL.

By H. Speier, M. D., Janesville, Wisconsin.

Impressions received in early life are deep and lasting. It is undoubtedly owing to the unconscious remembrance of a course of cod liver oil—the old fashioned, nasty kind—which I had to take as a child, after a prolonged siege of whooping cough, that I have in my practice used less of the oil than many other physicians, and that to this day I pity the patient who has to take it.

But cod liver oil is too valuable a remedial agent to be disregarded by any one, and, fortunately, chemistry and pharmacy have made such progress that they give us now much less formidable preparations.

While the people of northern countries probably have used fish-oil for healing purposes for many centuries in about the same way as our backwoods farmers to-day use skunk-oil or bear-grease, its use in rational medicine dates back not more than a hundred years. It was first brought to the notice of the medical profession in the year 1782 by Dr. T. Percival, of England, and was praised as an efficient remedy for chronic rheumatism, sciatica and lumbago, in a paper by Schenck, published in Hufeland's Journal in 1822. The noted Dr. J. Hughes Bennett, of Edinburgh, was the first to advance cod liver oil as a valuable remedy in phthisis. That was in 1841. Since that time cod liver oil has formed the subject of much study by the chemist, physiologist and therapeutist. Probably the first to attempt a scientific analysis of cod liver oil was Chevreul, the celebrated French savant, and following him up to the present day nearly every chemist of repute has sought to add to his fame by making a new analysis of its constituents. Nearly every one has found a new ingredient, such as

gaduine, morrhuine, asseline, hexylamine, iodine, phosphorus, claiming it to be the active principle which, in combination with olein, the general basis of all oils, gives to cod liver oil its special therapeutic power. Traces of iodine and phosphorus are indeed present in the oil, but to them cannot be ascribed the remedial value, for they occur in extremely minute quantities and the effect which they are known to produce on the human system differs from that of cod liver oil. A modern chemist, Heyerdahl, has discovered that cod liver oil contains scarcely any olein, but instead, two heretofore unknown glycerides—therapin and jecolein—and that the so-called active principles do not exist at all in the fresh oil, but are products of decomposition.

Until recent times oil was obtained at the fisheries by simply letting the livers stand until the oil exuded. It contained in consequence large amounts of putrefactive material, that gave it a dark color and very disagreeable odor and taste. It was easy to eliminate from such oil a number of "principles," such as gaduol. But now oil is gained by the improved process of extraction by steam from absolutely fresh livers. Such oil is almost colorless and quite free from odor and taste, and devoid of ptomaines.

Now chemistry determines that cod liver oil has really no active principles and that its therapeutic value depends on its efficiency as a nutritive agent. This agrees fully with what has long been established by empiricism; namely, that cod liver oil is principally useful in the large category of diseases which are characterized by malnutrition and defective assimilation.

Fats are a necessary normal food for the human body. Their combustion contributes mainly to the generation of the heat of the body. They are essential to tissue formation, assisting in the conversion of nitrogenous food, so that without them nutrition and growth would be imperfect, if not impossible. Hence, their great value in all disorders of a wasting nature, and in convalescence from acute diseases. Cod liver oil is the fat chiefly used therapeutically, on account of its greater digestibility. For it is of course essential, when feeding in disease, to furnish a food which can be digested and assimilated. But even with this, the most easily digested of the oils and fats, difficulties arise quite commonly. Many persons cannot take the oil at all; they are nauseated by it; disagreeable eructations, sometimes even vomiting, follow, so that an insuperable disgust is created. This is particularly apt to occur where the oil would do the most good, in cases where, from continued wasting disease, the digestive organs have become weakened and irritated.

To overcome these difficulties I have for some time used a preparation of cod liver oil called hydroleine. I can really see no ethical objection to its use by the physician. It is not a secret nostrum, for the formula is given on each bottle, and it is not and never has been advertised to the public. It pretends to be nothing more than a plain emulsion of cod liver oil with pancreatin. We might have just such an emulsion prepared by our druggist. But we know too well how seldom the oil kept in a drug store is sweet, if it has not become positively rancid, and that the average prescription clerk does not turn out a good emulsion. Hydroleine is prepared from the oil just after it is taken from strictly fresh livers, and being made by machinery in large quantities, the personal equation is eliminated and we are always furnished a uniform product. It is a predigested oil, palatable, almost free from odor and taste, and in my experience

well tolerated by the most sensitive stomach, and readily absorbed by the digestive tract.

The chief of the wasting diseases is tuberculosis, and in its treatment cod liver oil still holds first rank, in spite of the many new methods which are being brought out constantly and discarded rapidly. It furnishes to the organism the food which it needs for support during its struggle against the invading bacilli. What used to be called scrofulosis, that low state of the vital forces and defective nutrition; rickets; chronic coughs; chronic bronchitis; delayed convalescence from acute disease—those are some of the other conditions in which cod liver oil has proved itself useful. I will briefly give a few cases taken at random from my case notes:

Mrs. McG., Irish, aet. 37. Pulmonary tuberculosis of more than a year's duration. Great emaciation, night-sweats, elevated temperature, appetite poor, occasionally diarrhoea, cavity in upper lobe of left lung, constant cough, expectoration loaded with bacilli. Had been under treatment by competent physicians, taken cod liver oil until her stomach revolted against it. I put her on hydroleine, two teaspoonfuls in milk three times a day, and guaiacol. She was able to retain the hydroleine, and after four weeks treatment general condition improved, cough and night-sweats lessened, appetite stronger. No diminution in the number of bacilli. After two months treatment some gain in weight and she felt so much better that she was able to go South. I lost track of her then.

W. F., aet. 17. College student. Father died of tubercular laryngitis, likewise two of his uncles. Mother a neurasthenic. Boy never had any disease, but was never robust; has irregular heart's action. Has grown very fast, is 6 feet 2 inches tall, weighs only about 140 lbs. Works hard in school. Was caught in rain and received a thorough drenching. Soon after began to feel tired, appetite became fitful, his school work worried him, short, dry cough, especially at night. Temperature normal; examination of lungs negative. I feared this to be a pre-tubercular condition. Gave him creosote carbonate and hydroleine. After two weeks, general improvement, cough materially lessened, appetite returning, increase in weight. Two months later, so well that all medication was discontinued.

I. H., aet, 28. Architect. One brother died of tuberculosis. Epilepsy in the family; himself has an occasional attack. Typhoid fever, average case, without any complications, lasting six weeks, slow convalescence. Very anaemic, appetite poor, strength did not return fast enough under ordinary tonics. Put him on hydroleine in milk, half a tablespoonful three times a day. Change for the better very prompt. General gain commenced after a week, and then proceeded quickly to complete recovery.

Baby K., aet. 5 months. Had been a vigorous child, when as a result of injudicious feeding he fell ill of "summer complaint." It left him in a very emaciated condition, skin wrinkled and leathery. In addition to medicine, I gave him half a teaspoonful of hydroleine in a little predigested milk, morning and night. The effect was noticeable in a few days. General nutrition improved, skin began to fill out and assume a healthier appearance. After a few weeks the child had regained its former plumpness, and steady growth recommenced.

J. G., aet 79. A remarkably well preserved old man, erect, and able to spend a couple of hours each day at his work bench in a carriage factory. A little irregularity of heart's action was about the only senile change

discoverable in him. With the approach of cold weather he developed an annoying dry cough, which would keep him awake a good part of the night. As a result, he began to feel fatigued and hls appetite, formerly good, commenced to fail. No lesion could be made out in his lungs or bronchi. I put him on hydroleine, two teaspoonfuls in milk three times a day, with very gratifying results. The cough disappeared quickly, sleep and appetite returned, and he regained his customary health.

In our northern climate cases of winter cough are quite common in old people. The condition, if not checked promptly, is apt to result disastrously. Cod liver oil is of the greatest benefit in such cases, and particularly a pre-digested, palatable form, such as hydroleine, which will not over tax the weakened digestive powers.

## ELECTRO-THERAPEUTICS.

### TO WHAT EXTENT IS THE USE OF ELECTRICITY PRACTICAL AS A THERAPEUTIC AGENT?

By Dr. W. H. Willcomb, Brockton, Mass.

(Second Paper.)

This question is a very common one among members of the medical profession. There has been a notable lack of scientific and systematic research on the line of electro-therapeutics. Even some of our leading students are content with mere results and neglectful of the causes that produce given effects. Owing to this condition of affairs there is an almost universal idea that electricity is of real value only in certain diseases where it has proven particularly successful; hence the field of usefulness has been very small.

The majority of practitioners consider electricjty valuable in rheumatism, neuralgia, and in some local diseases, but would sneer at the idea of it being any value in typhoid, pneumonia or in diphtheria and other acute affections. Yet the writer has seen more that one case of malignant diphtheria where, without a doubt electricity has saved the life of the patient, and this is true of many other equally severe conditions.

In forming the acquaintance of a new drug, we do not permit ourselves to rest content with a knowledge of effects, but we seek to know the nature of the article and its actions upon each part of the human system. From this knowledge we gain a conception of cause as well as effect and are enabled to use the agent effectively.

To gain a knowledge of the true value and place of electricity in medicine we need to follow the same analytical method of research and in this connection I would suggest the following questions:

A. What is the nature of electricity? (1) General effect. (2) Properties. (3) Local effects.

B. What is the specific action of electricity on the organs of the body?

(1) Electricity in its general effect is a tonic to the entire human system—varied in its intensity and activity by the method of administration and to some extent acting on all the vital functions of the body, being in no sense a drug, but producing lasting effects and acting always as an aid to nature in restoring normal conditions and never tending to create abnormal ones.

(2) In addition to its general effect electricity is a powerful antiseptic and germicide, is an astringent, escharotic, relaxant, sedative and stimulant. These are its more valuable properties, others could be mentioned but are of less value though some will be referred to in another place. It will be noticed that there are properties in opposition to

each other, these are dependent upon method of administration, opposite effects belng obtained by a variation in quality of current employed.*

(3) The local effects of electricity that are of practical value are its antiseptic qualities and its action as a local stimulant, irritant, escharotic or its sedative and relaxant properties.

The action of electricity upon the vital functions can be stated in brief as follows:

To the brain and nervous system it is first a stimulant without being an over-acting one, never leading to a serious reaction. Where its first effects are marked it does not cease suddenly, but its effect gradually decreases though in full nnety per cent. of cases it will be found to leave a permanent improvement. Following the stimulating effect if treatment is continued, we note an increased vigor and activity together with increased nutrition of brain and nerve substance, gradually extending in its effect until the action is noticed in every part of the system; indeed nearly all the noticeable effects are due chiefly to the true tonic action upon brain and nerve centres. The the action on the heart is very noticeable, increasing the strength of its action without increasing activity beyond the normal, and never being followed by reaction or depression as is the case with nearly every stimulant. Electricity acts upon every organ of elimination arousing to activity, acting as a powerful stimulant and as a true tonic as well. On the digestion, the effect of the electric current is very noticeable —increasing the appetite, promoting the secretion of and flow of the digestive ferments and destroying unnatural or abnormal products. The effects are those produced by a general use of the current and can be varied at will by the operator if conversant with the rules governing the action of electricity.

*The term quality, while not strictly correct, is used for convenience and brevity.

Having spent this time in a general study of our subject, let us consider the practical applications.

Electricity is more commonly known and applied under four classes of effects, namely:—

I. Faradic or induction coil effects.

II. Direct currents, (a) positive (b) negative.

III. Chemical effects.

IV. Electro-medication.

I presume the first two are so well known as to need no explanation in this article. Under the head of chemical effects I would consider first the chemical action of the poles. In any condition of local inflammation or pain the chemical effect of the direct current is of greatest value. In by far the greater number of such conditions there exists an excessive alkalinity of the tissues. The positive current, or pole, being acid, tends to relieve this condition, hence its sedative power. I have never known a case of local inflammation or hyperaesthesia of sensory nerves but the positive pole brought relief; not merely relieving the pain but tending to destroy the cause. It would be impossible to mention all the cases or conditions but it may be of interest to refer to some of the more common—articular rheumatism, dysmenorrhoea, ovarian tumor, sprains, dislocations and uterine disorders of every kind where pain is a prominent symptom, neuralgia, etc. The writer has found the action of the positive pole of great value in the severe headache of malarial conditions and in nearly every organic disease where pain is a prominent feature, Electricity can often be employed as an anodyne where the use of drugs is contra indicated. Aside from its value as an anodyne, the positive current is a powerful and far reaching astringent, hence of great value in many local conditions requiring such action.

The action of the negative pole or current is nearly a direct opposite to

that of the positive, being a powerful alkali, a relaxant, stimulant, counter irritant or caustic. Both poles can be employed for the destruction of tissue and removal of growths of any form; the antiseptic effects are common to both. Many mistakes are made in employment of the poles in treating septic ulcerations and in minor growths, hence it may be well to mention a rule that may be safely followed. Where there is extreme sensitiveness, whether with suppuration or not, the positive current is the best unless there is special reason to avoid astringent action. On the other hand when there is a lack of sensitiveness and a dry, hard condition of the tissues the negative current in generally preferable. There are many exceptions to this rule, but if the general properties of the poles are kept in mind the average physician will seldom be in doubt as to which one is preferable.

The effect of the direct current has a wider and more general range of usefulness than commonly allowed. Properly employed electricity is of inestimable value in various conditions included under the head of "diseases of pregnancy" and in nearly every branch of gynecology. It is a great aid to the obstetrician often averting surgical interference and employment of instruments. In typhoid and malarial fevers, pneumonia, asthma and kindred disease, the direct current is again available and more than one life has been saved by its assistance at a critical moment.

Passing to the chemical effects of electricity. Under this head I would consider more particularly the action of the electric current with a soluble electrode of zinc, copper, iron or tin. This method of employing electricity is largely neglected by nearly all, save the leaders in electrical science, but were its value more widely known and understood it would become almost universal. Without entering into the details at this time, I will merely illustrate by a case personally treated.

Patient, Mr.—— came to me suffering from what appeared to be an abscess covering nearly the entire surface of the right hand, commencing near the base of the thumb on the back of the hand and it had extended in every direction. The history of the case briefly stated was a slight wound from a knife which had been used about a horse owned by the patient and which had a "boil on his leg." Beginning as a mere scratch it refused to heal and soon began to gather, becoming very painful. Several times the growth had been lanced and was dressed with various antiseptics. Finally in place of a gathering the adjacent parts become affected until the hand was a mass of tiny ulcerative sores. The first treatment given by the writer was a thorough cleansing with solution of hydrarg. chlor. cor. and a dressing of carbolated gauze moistened with ol. lini; this was continued daily for one week with no improvement; pain was intense and patient's general health failing. Deciding on more active measures, two M. Ds. in consultation declared amputation imperative and cure impossible. This the patient refused to permit. Having had success with electricity in several malignant growths, the writer decided to employ this agency. Patient was placed under chloroform and after cleansing surface with an antiseptic wash the entire hand was covered with plain guaze and immersed in sterilized water to saturate the dressing. Two plates of copper foil were used for electrodes, one on back and one on palm of hand, on surface of gauze dressing sodium chloride in dry state was freely sprinkled, then electrode bound on by a narrow bandage, one pole of galvanic battery being connected to each electrode. A battery of twenty cells was used, increasing gradually from zero to full current and continuing maximum cur-

rent twenty minutes, allowing five minutes for raising current from zero and a corresponding period for decreasing. The first treatment was with positive electrode on back of hand. The action was a double one, first the astringent and antiseptic action of the current alone and second the action of the current upon the electrode and sodium chloride, producing an oxychloride of copper and carrying a portion deep into the tissues. The operation was a complete success, and one week later was repeated with poles reversed in order to act on the surfaces not involved in the first operation. Within twenty-four hours pain was absent and improvement visible. No dressing except carbolized gauze and ol. lini was employed, the oil merely as a lubricant. Daily a mild current (1 to 3 cells) was used with carbon electrodes covered with moist gauze, of five minutes duration, then reversal of current, then five minutes more. In two weeks the patient was discharged as cured, as all septic conditions were past.

This case is a fair example of the chemical action of the current upon septic growths. In all ulcerative conditions it is of greatest value, eclipsing every other antiseptic and germicide and is especially valuable in gonorrhoea and in syphilitic affections of either sex, as well as innumerable minor troubles met in daily practice. Space will not permit me to enlarge on this subject though I shall have more to say in succeeding articles.

In closing I want briefly to refer to the final application of electricity to medicine, which is electro-medication.

This is of great value where the real effect of a drug is required and where administration in usual manner is undesirable. In external application the power of the drug is limited almost entirely to the surface, entering subcutaneous tissues to very slight extent and being very uncertain in results. By use of electricity the action of a medicant is carried into deep seated tissues employing the same principles as are involved in the mechanical art of electro-plating. With very few exceptions all substance have an affinity for one or the other magnetic pole, and following the law that "like poles repel, unlike attract," and studying the polar action of different medical agents we are able to carry our remedies rapidly and surely where they will be of greatest value. One of the most marked effects on this line is that of local anaesthesia; cocaine and varions drugs or preparations of simular nature can be used much more effectively and safely with aid of electricity than is possible with any other method. What is true of cocaine and local anaesthetics is equally true of nearly every substance used for local action. There is no branch of electro-therapeutics involving more care and study than this, but on the other hand if scientifically employed electro-medication is stable and certain in its action, never failing to accomplish its end. The exact effect can be calculated and field of action can be controlled so that the practitioner knows in nearly every instance just what is taking place.

This article involving so many subjects and so general in its scope may be a disappointment to many readers, but I ask your indulgence on this occasion. Having outlined my subject I shall hereafter take up various practical applications of principles referred to in this issue.

Next month I shall have a little to say in regard to "The Electrical Physician and his Requirements," and also shall speak of the uses of electricity in diseases of the eye and ear.

Readers of the Recorder are invited to write the author about any question relating to electro-therapeutics. Questions of general interest will be answered in the Recorder.

# ALKALOIDAL THERAPEUTICS

Original articles, reports and notes on dosimetry are desired for this Department.

## DOSIMETRIC PRACTICE

(Tenth Paper)

By M. G. Price, A. B., M. D., Mosheim, Tennessee.

### WINTER DISEASES.

"Everything in its own season and after its own kind" is brought fresh to mind as we gaze through the window upon the white snow flakes as they gently float down and rest in silence upon the bosom of the earth, covering with an icy mantle the last blades of summer's green sward.

It don't snow much nor many times down in this latitude; six or eight inches deep and three or four such during the winter is as much snow as we have on an average. Although in 1886 we had from forty to forty-eight inches, which was the greatest snow in the history of the state. Tomorrow, apt as not, (and so it was) there will not be a trace of the white winged messenger of a Northern Zone, but the balmy breath of the South land will make us feel that overcoats and arctic shoes belong to another clime than ours.

But these things suggest that if we would work in season, something on winter troubles is in order, and in writing of them we desire to pursue the line of thought marked out in our November paper; that is, freshen up our diagnostic information just a little:

Let us take up the subject of

### CORYZA.

What are its symptoms? What features distinguish it from other diseases? Sneezing is a symptom. So it is of hay fever; so it is of asthma; so it is not diagnostic therefore of coryza. Lacrymation is a symptom, but we have this in other troubles, hence it cannot be taken as peculiar to this disease. Headache is a symptom, but we have headache in typhoid and many other diseases so you see, we must look for something else to make up the picture of the disease we are describing.

Symptoms—Coryza is generally announced by chilliness, muscular soreness and there is dryness of the mucus membrane of the nose with a "stuffy" feeling in the nostrils. There comes a period of itching, tickling and stinging sensation winding up with a paroxysm of sneezing, suffusion of the eyes and lacrymation. It seems at this point that the flood gates are open and all the water in the body was draining away through the nose. With kerchief in hand, vainly will you try to keep the measly thing dry. This added to the swelling of the mucus membrane and the occlusion of the nares, gives us a fair picture of a very disagreeable ailment. Don't think you will fail to recognize it on first sight.

Treatment—There are several remedies that may be prescribed, first:

℞ Atropine, gr. $\frac{1}{1500}$
Aconitine, gr. $\frac{1}{1500}$
Gelseminin, gr. $\frac{1}{1500}$
Morphine Sul., gr. $\frac{1}{100}$
Calomel, gr. $\frac{1}{32}$

Constituting a granule one of which is given every half hour until dryness of throat ceases, then every two hours. The disagreeable "stuffed up" condition and running of the nose is relieved by the insertion of a piece of cotton soaked in a four per cent. solution of cocaine.

℞ Morphine, gr. $\frac{1}{12}$
Atropine. gr. $\frac{1}{600}$
Caffein, gr. $\frac{1}{6}$

one every two hours, is as much a specific in this disease as any remedy is in any disease.

Here is a remedy that has just at this hour come to our knowledge, We give it for what it is worth, and shall try it at the very earliest opportunity:

℞ Menthol, 2 parts.
Chloroform 20 parts.

M. Sig. Let 5 or 6 drops be rubbed quickly between the hands and inhaled. This will suppress the tendency to sneeze and often arrest the progress of the cold altogether; two more applications during the day completely cures the trouble.

## ALKALOIDAL NOTES.

By M. G. Price, A. B., M. D., Mosheim, Tennessee.

Strychnine improves peristalsis, hence should be added to all remedies for colic, flatulency and constipation. In my own case I have noticed that one-thirtieth of a grain given with gr. ¼ of morphine will prevent its constipating effects. Given alone it produces violent peristalsis.

Sulfocarbolate of zinc may be given up to 100 grains per day without harm.

Where misery after eating is complained of, give copper ars. gr. $\frac{1}{100}$ dissolved in hot water just before meals.

Emetin is a splendid expectorant. Give gr. 1-67 every half to one hour.

Podophyllin, gr. ¾, strychnine, gr. 1-30 and hyoscyamine, gr. 1-100 at night, followed by seidlitz salt in the morning will make an admirable "clean up" of the alimentary canal.

For colic give hyoscyamine, strychnine and codeine, one of each every 15 to 30 minutes until effect. This will surprise you as to what can be done without morphine. Still, if necessary, use morphine with a free hand.

### ENCOURAGEMENT.

Dr. M. G. Price,
Alkaloidal Dept. Recorder.

I read with much interest your articles on Alkaloidal Therapeutics in the Wisconsin Medical Recorder. I heartily endorse what you said on diagnosis, and am glad to learn that there is a publication on the subject. Please give me its address.

Fraternally,
J. S. Cantrell, M. D.

[We are glad to receive kindly words of encouragement and shall treasure them up in fond remembrance. It affords us pleasure to know that we are doing a work that is appreciated.—P.]

## ATROPINE.

Atropine is one of the alkaloids which is a great power when used at the proper time. We have known of several instances of intestinal obstruction where an operation seemed imperative, but the proper administration of atropine so relaxed the intestines as to make it unnecessary. The following from the Medical Record is of special interest: Marcinowski contributes two cases to the list of reported instances in which an apparently imperative laparotomy has been avoided by the use of large doses of atropine. The first of these is that of a woman presenting the typical picture of intestinal obstruction, who six hours after the subcutaneous injection of ½ gr. of atropine sulphate had a soft movement accompanied by flatus, and went on to make an uncomplicated recovery. The other case is that of a man who gave similar symptoms after apparently successful taxis of hernia. Afrer fecal vomiting had set in, the same dose of the drug was injected with a like happy result, Absolutely no untoward affects were noted from the enormous amount of alkaloid given.

# Rundschau.

By H. Speier, M. D., Janesville, Wis.

### IMPORTANT DISCOVERY.

From the Paris exposition comes the report of a new invention or discovery, which, if successful on a large scale, will revolutionize the existing economic conditions of the world. Some one claims to have found a way by which he can separate from the surrounding atmosphere its oxygen in such manner that it can be used for heating and lighting purposes. The process is so simple and cheap that light and fuel which at present form a very important item in the expense account of every northern household and one of the principal expenses in the industries, maufacturies and transportation of the world, will afterwards be of nominal cost only. If the discovery proves the practical success it is claimed to be, it will produce changes of such magnitude as one can scarcely anticipate now. It would make enormous vested interests valueless, would bring about an entirely new distribution of the national wealth and would go far towards establishing universal comfort and enjoyment of life. Whoever should declare such an accomplishment impossible, merely because never before attempted, would be rash, for the world has witnessed during the last generation a number of successes never before thought possible.

### A CORRECTION.

The account in the Recorder for November that a decision of the Illinois supreme court has declared the pharmacy act void, must be corrected. It was given on the authority of a Chicago daily, usually well-informed and careful. Now the paper comes out and tells us that the ruling of the court refers only to that section of the act which requires license to be obtained from the state board even by those who sell only patent medicines, but that in every other respect the board has been sustained. We are glad that it is so and that the supreme court of Illinois has put itself in line with the courts of other states who have in numerous instances sustained state boards of examiners and the principle upon which they are founded. It is difficult to see, however, how the words of the judicial decision, as we take them from the Chicgo paper's editorial, can be held down to such a restricted meaning, as we are told now. They seem to easily bear the far-reaching interpretation which they were thought to imply.

### TREATMENT OF TUBERCULOSIS BY ELECTRICITY.

The search after a really effective treatment of tuberculosis continues. Some notable communications to the subject were offered at the International Medical Congress held recently in Paris. One French physician reported a case of advanced tubercular infiltration of one lung with small cavities, living in unfavorable surroundings, treated by currents of high frequency without any other medication. Decided improvement set in at the end of seven days, Similar results have been published by a few others. Three papers were presented on the use of Crotte's method which consists in the transmission of formaldehyde solution through the skin, bones and organs of the patient by means of high tension

static currents which carry the medicament from its receptacle to the seat of disease without danger or pain to the patient. The formaldehyde is brought in contact in infinitesmal quantities with the tubercle bacilli, destroys them and produces thus a gradual healing of the diseased organs. The great advantage claimed for the method is that the medicinal agents employed can not effect the digestive organs, the nutrition therefore is undisturbed and the patient's power of resistance maintained. The papers relate good results, in one the opinion is expressed that as long as the organs of respiration are not yet completely annihilated the patients have the greatest chance of complete (!) recovery.

### PHYSICIANS AND THE HALL OF FAME.

Some of our contemporaries are considerably wrought up over the fact that among the hundred men commemorated in the new Hall of Fame as the most noted Americans, no physician is to be found. We could easily name medical men of the present or the past fully the equals of any man, preacher, lawyer, poet, orator, engineer, statesman, soldier in intellectual power and magnitude of accomplishment, superior to them all as benefactors of mankind and promotors of happiness. It is not conceited self-laudation if we claim that the members of our profession have always done more work in the true interest of humanity than the followers of any other calling. But in the very nature of the work lies the limitation. It never has been, and probably never will be recognized as it deserves by those for whom it is done. Ask the people in your or any other town to name their greatest men and rarely ever will they include among them, at least at first thought, their good old doctor. Why should we expect the nation to do it? Our work is not done in the marts of commerce, the halls of state capitols, under the blare of trumpets; we do not stand out as brilliant orators in pulpit or forum, we do not found states nor erect monuments of steel and marble. We carry on our life work, the battle against the great enemies of mankind, disease and vice, which springs from it, quietly and unobtrusively. Small reward comes to us, often we are bitterly fought by the very ones we wish to benefit. Our only monuments we erect in loving hearts. No wonder they have no room for us in their Hall of Fame.

### THE COMMON COMMUNION CUP.

The Medical Dial, of Minneapolis, had some time ago an editorial on the "Pathology of the Communion Cup," in which it recounted all the dangers lurking therein, theoretical as well as practically established ones. They are sufficiently well recognized by physicians. The paper was sent to the clergymen of the various churches of the city and their answers published. These furnish interesting reading. It is remarkable that all the ministers belonging to two distinct denominations refuse to make concessions to modern science on purely scriptural grounds, while others, while admitting the justice of the medical view, offer only a few practical objections. The argumentation—it cannot be called reasoning—used by the former is exactly the same as we meet in the pages of A. D. White's, our ambassador to Berlin, "History of the Warfare of Science and Religion."

### COMPULSORY VACCINATION UPHELD.

Duluth, Minn., had a light epidemic of small pox during the summer, and as a consequence the health officer and board of education ordered all children to be vaccinated or refused admission to the schools. An injunction against the order was asked for, but the court refused it.

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**J. P. THORNE, M. D., Editor.**

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With the next issue, the Recorder will enter upon the fourth year of its existance. At the end of each year we have promised improvements in our journal and each volume has been a little better and larger than the preceding, and next year the Recorder will be bigger, brighter and better than ever before. We shall continue to make serial articles on special subjects a strong feature. During the year just closed, we have published a large amount of valuable original matter which makes the year's volume well worth binding for the library. We shall continue to fill the pages of the Recorder with bright, practical original matter. The Recorder is so firmly established that it is one of the successful journals of the day and it will continue to grow through many years of the twentieth century. We wish to express our appreciation to those who have made this possible—subscribers, contributers, advertisers, and to extend to all our readers the compliments of the season, hoping that all will have an abundant share of the country's prosperity during the coming year.

## DEFENSE.

A growing evil which now confronts the profession is the damage suit brought for alleged malpractice. So common are these suits becoming that medical defense unions are necessary. London practitioners have such a union in successful operation and other medical societies, notably in

Minnesota, are agitating such unions. One cause of the increasing number of such suits is the fact that there are many lawyers with more time than business who are anxious to start such suits for the chance of a contingent fee. While such a suit usually is baseless and the physician is apt to win in the end yet any such suit injures a physician's reputation. While the law assumes every man innocent until he be proven guilty, the physician in a damage suit has to spend time and money in proving his innocence. One successful suit against a medical man encourages more suits and every suit fought to a finish against such blackmailing schemes, helps the whole profession. The medical defense union is a step in the right direction, but there are reasons why it will not fill the need of the present time. One is, that it has not a sufficiently large fund to meet expensive suits and another is that if a number of suits should come near together many members will object to the necessary extra assessments and will drop out of the union.

This problem of medical defense has been correctly solved by the organization in Fort Wayne, Ind., of the Physicians' Guarantee Company. This is a strong corporation, with $100,000 capital, of which $50,000 has been deposited with a trust company, and is held as a reserve for the benefit and protection of contract holders. The contract provides that if the physician holding it is sued for damages for civil malpractice, the company will defend the suit for him. It will pay all expense of attorney's fees, experts, witnesses and court costs to a limit of $5,000 in each case; and it will make this defense in all suits brought, in which the cause of action arose during the life of the contract, no matter when they are brought, with only this limitation that it shall not be bound to expend more than $10,000 in defense of cases in which the cause of action arose in any one year of the life of the contract. That is to say, for every annual payment on his contract the physician has the obligation of the company to spend $10,000 for him, if necessary. It is required of the contract holder that he shall at once notify the company at its home office in case of suit brought. The company will send its attorney to the ground, and upon consultation together the physician and the company's representative will select a local attorney to co-operate with the company's regular attorneys in defense of the case. After that the physician has no further responsibility, except to give his testimony, if required, and give the company's attorney the benefit of all information within his knowledge. The company will contest the case by all means known to the law.

The company's attorney makes a special study of the laws bearing on such cases, and is thus able to work a better defense than an attorney who had not thus specialized. This company is meeting with success, and we believe the time is not far distant when a physician will consider a contract with this company quite as necessary as a life insurance policy. The physician who can say that he has $5000 for defense against malpractice suits is not likely to be troubled with many suits. Leading physicians and surgeons in the big cities are taking contracts in the company. We are not prompted to write this editorial because we have had any personal experience for we have never had, nor even been threatened with a malpractice suit, but no practitioner no matter how large or how small his practice, knows when such a suit may appear. When this company was first announced, we remarked that there was need for just such an organization, and we hoped it would succeed.

## THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

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The third valume of the present series of the International Clinics has just been issued, with its usual variety of clinical lectures. The editorial staff has been strengthened by the addition of a number of leading authorities. This issue presents a symposium on genito-urinary diseases by prominent writers, which alone is worth the price of the volume. The departments of medicine and surgery are especially strong in the amount of condensed clinical matter presented. One of the best articles is on injuries to the eyelids and eyeballs, by Dr. L. Webster Fox, of Philadelphia, which is well illustrated by a number of plates. The volume contains a monograph, "The Scientific Modification of Milk," by Thompson S. Westcott, M. D., instructor in diseases of children in the University of Pennsylvania. The book contains numerous plates and illustrations, and will be appreciated by every physician who is fond of good books.

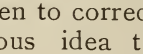
TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF WISCONSIN for the year 1900; Vol. 34, cloth, 480 pages.

This volume presents the proceedings of the last state meeting and gives the papers read at the meeting, The plan of having an address in surgery and one in medicine has been well received and will be a permanent feature of the future meetings. The address on surgery in this volume is "Conservatism in Surgery" by Dr. Maurice H. Richardson, of Boston; the address on medicine, "A Review of the History of Cardiac Pathology With Especial Reference to Modern Conceptions of Myocardial Diseases," by Dr. Alfred Stengel, of Philadelphia. The book has been carefully edited and is well bound. An improvement to the volume would be the addition of an alphabetical index. Many of us have sets of these volumes extending back a number of years, containing much valuable matter, which is not easily accessible for reference on account of the lack of an index.

SEXUAL DEBILITY IN MAN, By Frederic R. Sturgis, M. D., formerly Clinical Professor of Venereal Diseases, medical department, University of the City of New York; Ex-Visiting Surgeon to the City Hospital, Blackwell's Island; Author of "A Manual of Venereal Diseases;" one of the authors of "A System of

Legal Medicine," etc., etc. Cloth 432 pages, $3.00. E. B. Treat & Co., 241-243 West 23d St., New York.

The author of this work has for for many years devoted his attention exclusively to venereal and genito-urinary diseases. He has long been considered by the medical profession in this country as an authority in his specialty, and his distinguished ability has received ample recognition abroad. This work is a noteworthy one, for in it Dr. Sturgis gives the results of his extensive experience covering the observation of many years. The work gives the anatomy and physiology of the sexual organs in the male and treats of masturbation, spermatorrhea, prostatorrhea, sexual impotence and sterility. The author is a very practical, common sense writer and his views on some subjects are different from those usually given in such works. We quote from his preface. "The principal reason for writing this book is to introduce to the reading medical public sundry opinions the writer holds upon sexual weakness in men, which although they may be at a variance with ideas generally received in this country, he is convinced from experience are correct Thus in the chapter on masturbation he has combated the old and time-honored belief that indulgence in this habit is the necessary prelude to both physical and mental degeneration, and, while not glossing over the dangers which may, under certain conditions, result from the habit, he has attempted to point out the folly of the hysterical denunciations which have been heaped upon it by pseudo-philanthropists and ignorant medical men. The question of castration in the case of masturbating lunatics has been brought up afresh for discussion, and the author has frankly stated his reasons for believing that under certain circumstances, such a procedure would not only be justifiable, but proper. He has also separated spermatorrhea from pollutions, aiming to show that the two are absolutely distinct and separate diseases; that spermatorrhea is not the final of pollutions, but is a disease sui generis, the symptoms, course, and treatment of which are entirely different from the latter. He has also striven to correct the foolish and ridiculous idea that the man afflicted with spermatorrhea is foredoomed to impotence and sexual uselessness." The book is well bound in cloth and is illustrated with nine plates.



THE PHYSICIAN'S VISITING LIST FOR 1900: Philadelphia, P. Blakiston's Son & Co, 1012 Walnut street. Leather, for fifty patients, $1,25.

This is the fiftieth consecutive issue of this visiting list, and the fact that it has been continuously used by physicians for so many years is sufficient evidence of its value. For years both city and country physicians have used it to record their daily work. It was first published in 1851 by the firm of Lindsay & Blakiston, the predecessors of P. Blakiston's Son & Co., which was established in 1843 at Fourth and Chestnut streets, Philadelphia, and a comparison of the early issues with the handsome book of today shows at a glance why it has continued to live. Never content with its success, the publishers have always aimed to improve it, and while the essential features remain very much the same, the comparison is very much like that of the frontiersman of fifty years ago with the educated scientist of the first year of the new century; the strong, enterprising man is there; beyond that the likeness ceases. It contains a dose table and other tables of use in every day work.

DIABETES MELLITUS; ITS DETECTION AND SUCCESSFUL TREATMENT: Paper, New York, Charles Roome Parmele Company, 36 Platt Street.

This little book consists of a collection of useful articles on diabetes, by Drs. Heinnch Stern, George D. Barney, Alexander W. Beck, J. P. Sheridan, R. B. Glass, of New York and others. It presents a concise treatise on the diagnosis and trcatment of diabetes; diet tables, case reports, etc., add to its practical value. It explains the use of arsenauro, which today is recognized as the leading remedy in the treatment of this disease. It is illustrated with several colored plates. This booklet will be sent free to Recorder readers, and we advise those who have not read it to send for a copy, as it is well worth a careful perusal.

## BOOK NOTES.

Success for December is a large Christmas number of special interest. We are offering special club rates on this excellent periodical.

Battle & Co., St. Louis, have just issued the second of their colored plates of fractures of the long bones. This one shows oblique fracture of the tibia and will be found very useful. These plates are sent free to physicians.

Microscopical Reproductions of the Blood and Bacteria is an interesting and useful pamphlet just issued by Reed & Carnrick, Jersey City, N. J. It contains four fine colored plates. The booklet is supplied free to physicians.

Modern Culture, the monthly magazine of instruction and entertainment-announces a large amount of very attractive matter for next year. Modern Culture and the Recorder one year and one thousand premium labels will be sent for $1.50.

We have just received the Antikamnia Calendar for 1901, another and the last of the famous "Skeleton Sketches," the original water colors of which were painted by the late Dr. Louis Crusius. These calendars are treasured by many physicians all over the world. The Antikamnia Chemical Co. sends this artistic calendar without charge to all physicians desiring it.

The World's Work is a new periodical which every physician will appreciate. It is different from any periodical published, in many ways. It covers everything of importance and contemporaneous interest in American activity. Its pages are some larger than ordinary magazine pages, in order to print larger illustrations. The December number contains 112 pages, and every page is worth reading carefully. The article on color photography, with colored illustrations, is worthy of special mention. It is published at 34 Union Square East, New York city.

Mrs. Amelia E. Barr contributes one of her never-failing romances to the New Lippincott Magazine, whose Christmas number is just out. "Souls of Passage" is a fine, hearty, human story of loves young and old, of picturesque Scottish manners, and of the supernatural strain which Sir Walter put into "Lammermoor." Mrs. Barr says she has been trying for twenty years to write this story of re-incarnation, and her cherished design shows the value of waiting. The host of other good things in this issue makes it one of the brightest magazines of the month.

# ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

An East London (England) coroner in one day had no fewer than five inquests on children who had been suffocated in bed.

Dr. Kienbock, of Vienna, claims to have caused hair to grow on a bald head by treatment with the Roentgen rays. Many physicians have succeeded in causing the hair to fall out rather after the use of the X rays.

An epidemic of generosity has broken out among the leading medical men of Chicago. Following the gift of $150,000 by Dr. Senn to Rush, perhaps instigated by it, come the announcement of a gift by Prof. Quine and Prof. Steele of $25,000 each to the College of Physicians and Surgeons, for library and laboratory purposes.

Sometimes the wisdom of the paternalism exercised by the despotic European governments makes us sigh for a little of such despotism in this home of the free. The Russian minister of public instruction is enforcing the decree forbidding the wearing of corsets by young women attending high schools, universities, music and art schools.

The M. J. Breitenbach Co. has a large amount of Gude's pepto mangan in stock which was not in their building at the time of the recent fire, and the firm is carrying on its large business as though there had never been a fire. Some of the competitors of the firm, who tried to injure their business recently, have been unsuccessful and Gude's pepto mangan still holds its leading position.

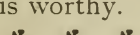
Dr. Edward Robinson Squibb, of Brooklyn, N. Y., died on October 29, aged 81 years. A surgeon in the navy in his younger years he gave up medical practice and devoted himself to chemistry. His name has become familiar to all physicians and is a guarantee of purity and reliability of the products which bear his name. The extensive business is being carried on by his sons.

On account of the large increase in business, the Phenique Chemical Co. has been compelled to enlarge, and has moved into new and larger laboratories and office at 1124–26 Locust St., St. Louis. This firm has been doing a steadily increasing business because of the confidence physicians have in its products. Doubtless the amount of good advertising which the firm has recently placed in the leading medical journals has had much to do with the present increase in business. The largest and most successful manufacturers of pharmaceuticals are those who advertise continuously in the medical journals.

Cheering to smokers is a report, published some time ago, of investigations of the effect of tobacco during the epidemic of cholera at Hamburg.

In cigars made up with water containing 1,500,000 cholera microbes to the cubic centimeter no live microbes were found after twenty-four hours.

The profession should not support hospitals or colleges which treat in their clinics, patients who are able to pay. This custom is one of the great evils of the day, which is depriving every practicing physician of good paying work. Some such plan as is used in Washington should be in vogue in every city. The Medical Times says:—In Washington, D. C., the following method of dealing with the "dispensary evil" has now been employed for four years, and the medical profession there are unanimous in praising it: When a patient applies to a hospital or dispensary he is treated and no questions are asked. He is then given a card, which he presents to the Bureau of Charities for investigation, and no further treatment is given unless that body reports that the applicant is worthy.



Dr. Ludwig Pohl, city physician, Vienna, Austria in concluding an article on the therapeutics of pepto-mangan says: I have previously mentioned that it may be positively assumed that pepto-mangan "Gude" stimulates the hematopoietic organs to increased activity. Numerous blood findings discovered casually by me, the appearance of the so-called immature forms of blood corpuscles, constrain me to take this view, Of much greater importance is the circumstance, however, that in numerous diseases of the blood occuring in connection with the lymphatic and blood making organs I have derived excellent results from the use of Gude's pepto-mangan. Decided amelioration in the leucemic state, arrest of the process in severe cases for a long time, reduction of the glandular swellings, improvement in the relation between red and white corpuscles, were noted by me in several cases under my care. In my opinion, the value of ferruginous preparations in neurasthenia and hysteria has received too little consideration. The success of a rational therapy depends upon an effective application of all methods of treatment and remedies which enable us to combat the entire group of symptoms. An easily absorbable ferruginous preparation is of incontestible benefit, and I believe that Gude's pepo-mangan occupies a prominent place in this connection. It is not my intention here to institute comparisons with various iron preparations. I would emphasize, however, for reasons already mentioned, and which are especially based upon the composition of Gude's pepto-mangan, that I prefer the latter preparation, and have employed it successfully in all conditions where it is necessary to improve the quality of the blood. In conclusion, I would mention that I have obtained excellent results from Gude's pepto-mangan in two cases of severe malarial cachexia. In the one case the treatment occupied three weeks, in the other five weeks. Both cases were cured. It is of interest that in the first case in which a malarial attack had not occurred for some time, a typical paroxysm with rigor, fever and sweats developed. After one week's treatment the attack failed to recur, and for this reason I was unable to search for plasmodia. I am not disposed to over-estimate this occurance, nor to make it the subject of theoretical reflections. I am decidedly of the opinion, however, that this attack is attributed to the influence of pepto-mangan "Gude" upon the spleen. In all particulars Gude's pepto-mangan is an excellent preparation, which bids fair to occupy a permanent place in the materia medica. I would be pleased if through this article I had

directed attention to this valuable remedy, and incited others to undertake experiments and report their observations.

Every year Mr. Loud, the California congressman has made an attempt to greatly curtail the privileges of cheap postage given to publishers on their periodical publications. Mr. Loud's great cry has been that the deficit in the post office department was all due to the pound rates on second class matter. It is a notorious fact that the government pays more to the railroads for carrying goods than the express companies do, and it would be commendable if Mr. Loud would use his energies to get a reduction from the railroads, but for some strange reason he never does this. The increased business of the country the past year has so added to the postal revenues that there will not be the usual deficit, so Mr. Loud has lost his chief argument. The Book and News Dealer suggest that if Mr. Loud wishes to be a public benefactor there are some needed reforms that he can work for. Anyone receiving or sending much mail knows that valuable mail matter is often crushed, broken and wet from transportation in cloth sacks. We quote the following from the Book and News Dealer:—Everyone knows the average condition of a package of any kind when it reaches its destination—it is battered, bruised and bunged up so the sender would scarcely recognize it. Books must be protected with metal corners. Fine magazines cannot be sent in safety in any wrapper yet devised. Pictures in tubes are crushed flat, and often literally broken in pieces. Anything in a box is certain to be smashed if smashable. Well known is it that nothing more fragile than a rubber ball can safely be sent by mail—the express companies deprive the government of nearly all the package business. Second class matter in packages most of the time reaches its destination denuded of paper, corners and backs torn, and the recipient is happy if he receives full count. The cause of all this lies in one thing—the canvas sacks used for everything except sealed matter. For sealed and registered matter leather sacks are used, and not a whit more protection than the others. Into these sacks is chucked everything given to the postal officials for transmission. In everything goes and the condition of its arrival at destination depends in a large measure on the number of tons of mail matter piled high in the cars, crushing everything below the top row; on the number of postal clerks and railway employees who clamber over and rest upon it in cars and on depot platforms. The evil of which we have spoken is national. It is known to every person who sends or receives anything through the mails. The money loss each year through breakage, tearage and general wreck and ruin is enormous, yet the money loss is not to be thought of beside the annoyance, aggravation and maddening effect upon millions of people who have grown to think such abominations must be and dare not hope for relief. But relief may be had, complete and lasting, with little or no expense to the government if good Mr. Loud really would prefer a nation's thanks to a corporation's dollar. Abolish the canvas bags! Banish them from Postoffices and postal cars. In their stead install lidded baskets, hampers, if you will. These may be of any size or strength desired; they will be cheap and they will adequately protect parcels and all matter inclosed in them. This is not a subject to be thought of for a moment and then dismissed because some little effort may be required to bring about the long and sadly needed reform.

## BRIEF MENTION.

Pilocarpine is useful in the treatment of inebriety.

Bromipin is now used in the treatment of epilepsy.

A good preparation, and one that has been thoroughly tried is Tyree's Antiseptic Powder.

Dr. Cohnheim, of Berlin, recommends large doses of olive oil before meals in all cases of gastric distress.

Lanikol is a useful new preparation, which is meeting with much success. Send for free samples at once and try it.

When you are looking for good electrical apparatus, write the McIntosh Battery and Optical Company, Chicago.

Milkine is a complete food for invalids. It pays to keep a supply of samples of the powder and tablets always ready.

In the treatment of many skin diseases acneine is unsurpassed. Recorder readers can get free samples of the manufacturers.

Zymotoid has a great field in the practice of medicine. Write Dr. W. B. Arnold about it, as it costs nothing to try its value.

The objectionable excessive perspiration of the feet can be stopped by bathing them with a little formaldehyde in the water.

Olive oil in large doses, twelve to sixteen ounces daily, in cases of cholelithiasis, will often remove the stones without operation.

High authorities recommend for aborting cold a brisk saline purgative, such as Abbott's Saline Laxative, to be given within the first 24 hours.

Potassium nitrate is recommended as an antidote to snake venom. A tablespoonful is pulverized and dissolved in water, and given at once to an adult.

Formaldehyde has a great variety of uses to the practical physician. Send for a sample of Leininger's pure solidified formaldehyde and be convinced of its value.

Potassium bicarbonate is recommended to abort and cure colds of all kinds. Thirty grains are given in milk or water every four hours. It is also efficient in the treatment of influenza.

Dr. Henry D. Noyes, of New York city, died November 12th, of pneumonia, aged 68 years. He was an eminent oculist, having practiced and taught in New York many years. He was the author of a text book on the eye and frequently contributed to periodical literature.

The very latest thing in tooth filling is to have a diamond set in a gold filling; this is a practice which is rapidly growing, so when the lady with diamond set teeth parts her lips there is a brilliant effect. One dentist claims that a diamond set in the edge of a false tooth gives a better cutting edge and relieves pressure.

## DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

## ARE PHYSICIANS IN A DEGREE RESPONSIBLE FOR MANY OF THE FADS AT PRESENT TIME IN MEDICINE?

In these days of popular fads in the different branches of quackery it is well to stop and ask ourselves the reason for all these fakes. I was once told by a prominent fakir who had practiced his art in nearly all the different states in the Union for the past forty years, using all the schemes from the "Painless Tooth-pulling" to the modern Christian Science, that:

"We (fakirs) exist because there is a demand for us. You physicians, in many cases, prepare the patient for us. Take, for instance, the many fashionable lady patients that call the doctor for every little ailment, and the patient being what you call good pay, you don't like to tell her there is nothing the matter, so you call it something or other and keep on going to see her at different times for years. Now, along comes a friend of hers who has been trying some new fad and she at once recommends it. Now there is nothing suits a woman better than to try something new, especially when her other indolent friends are doing the same thing, and describing the 'system.' Well No. 2 tries it, and of course it benefits in proportion as her mind is occupied with the new nonsense, allowing due weight for suggestion, which her mind is in ripe condition to receive, being prepared by her family physician during the months he was using his best endeavors to hold the patient. Once any new fad is started every one of the patient's circle of acquaintances will be urged to try the new 'scientific discovery,' and they generally do, and when one wears out another springs up. It is always from the chronics we get our recruits for any new system, and generally from patients who have been persistently 'farmed' by prominent physicians."

I think there is a grain of truth in these remarks of this experienced individual, and we should be careful if for no worthier reasons than those mentioned above—to restrain our patients from getting the invalid habit, even at the risk of losing a so called "good patient" once in a while.

James J. McKone, M. D.,
Tacoma, Wash.

## POMPHI OR WHEAL.

A wheal is a circumscribed oedema of the corium, producing a flat elevation of the epidermis at that point. A wheal may be produced artificially by injecting a drop of water under the skin. They are usually the result of angio-neurotic irritation, external or internal leading to a sudden out-pouring of serum from the vessels, this being immediately followed by a spasmodic contraction of the capillaries. Upon relaxation of the spasm of the capillaries they take up the fluid again, and the wheal subsides. They are very variable in size, i. e., from a pin's head to a goose egg. They are flatly convex as a rule, but the larger ones are hemispherical, outlines irregular and often determined by scratching. The color is usually white in center, with a pinkish areola. But when tension is not great they are a rose-red, but sometimes with an anemic white areola.

They are evolved very quickly, at times in a few seconds; yet sometimes require days and months in formation.

They may be in form of bullae or leave behind them pigmentation, or inflammatory pustules or even large lesions, as in urticaria pigmentosa. They are always attended by more or less tingling or itching. They may result from bites of insects, pricks from splinters of certain woods or metals, etc. They are as a rule, however, the result of a nettle rash thus poisoning and the like.

The points to be noted are size, color, mode, evolution, duration, sequelar, local or constitutional origin.

Treatment—Not overstrong alkaline lotions in most cases, but if of constitutional origin, an aperiant should be used daily in connection with the lotion.

WILLIAM B. MANN, M. D.,
1570 Asbury Avenue, Chicago, Ill.

## RECTITIS.

### OPERATION ADVISED AND REFUSED: BLOOD CURED.

Alonzo H., aged 45, American, entered hospital June 1, 1900. Diagnosis: Rectitis. Case of Dr. S——. The patient said that for three years he had been troubled greatly with constipation, so much so that all medicine that he employed would have at best very unsatisfactory results, so that finally he had to resort to enemas. The long continued use of this treatment had produced rectitis. He said that with the last six months he had been passing with his stools large quantities of mucus, containing considerable blood, attended with severe pain. The general symptoms presenting at the time of my first examination were: constant nausea, and sensations of burning in the rectum, with a constant desire for stool, with frequent attacks of tenesmus, often so severe as to cause a prolapse of the mucous membrane. The stools were hardened feces, with occasional scybala from the distended colon. They caused intense pain, especially when the mass reached the rectum. Another constant symptom was nausea, being more especially marked during the tenesmus. He also suffered with headache, feverishness and malaise. He had frequent attacks of strangury and involuntary urination. So severe was his condition that I advised operation. This he would only agree to after my having exhausted every other treatment. Consequently I determined to employ bovinine.

His secretions were regulated and the nurse instructed to give him nothing but bovinine and milk, a wineglassful every three hours. The rectum was irrigated three times a day with Thiersch solution followed by bovinine-Thiersch injections. From the very first he experienced great relief.

On the 7th the mucus and blood had decreased greatly in quantity; headache and feverishness had ceased and he felt greatly stronger. The tenesmus was less frequent and severe. Bovinine pure as an injection was now substituted for the bovinine-Thiersch, being employed three times a day as before.

On the 15th he continued to show a decided improvement. The nausea and sensations of burning in the rectum had entirely disappeared, and for two days there had been no tenesmus, and for five days no prolapse of the mucus membrane. The stools at this time were small in quantity and semi-liquid, and for a week there had been no involuntary urination. Treatment continued.

On the 21st the patient said he felt well and strong; was allowed to get up and move about. The rectal injections were employed now twice every 24 hours.

On the 27th a careful examination of the rectum showed it to be entirely healed and in a healthy condition.

On the 28th, he was discharged, cured.

T. J. Biggs, M. D.,
Stamford, Conn.

## HUNTER McGUIRE'S OPINION.

The late Hunter McGuire, the most celebrated surgeon of his time in the United States, if not in the world, was asked for his opinion of antikamnia by Dr. Thos. C. Haley of Riceville, Va. Dr. Haley, in writing of this circumstance to the Antikamnia Chemical Company, says as follows: "I recently wrote to Dr. McGuire and gave him my experience with antikamnia in my own case and that of others. Of myself, I said that I had been using the five-grain tablets for four or five years consecutively, and always with great and signal relief to my sufferings. I vouched for it as being the grandest succedaneum for morphia. While I entertained these opinions personally, I still felt that the quantity taken should be justified by consultation. Hence the letter to Dr. McGuire and I am pleased to hand you herewith his reply." The following is Dr. McGuire's reply:

St. Luke's Home, Richmond, Va.,
November 8, 1894.

Thos. C. Haley, M. D.,

My Dear Doctor:—I don't see any reason why you shouldn't continue to take the remedy (antikamnia tablets) of which you speak, and which has done you so much good. I don't believe it will do you any harm. With kind regards and best wishes,

Very truly yours,
(Signed) Hunter McGuire.

## HEROIN.

Heroin and heroin hydrochloride form an essential part of so many formulae for the relief of cough, dyspnea, and pains in the treatment of respiratory affections that it is important to determine in what combination they will prove most effective, and what are their incompatibilities. Owing to the insolubility of heroin in watery solutions it is necessary to add a few drops of some acid, acetic or hydrochloric, in order to effect its solution. This can be entirely obviated by using the hydrochloride, which is freely soluble. The only incomptabilities of heroin and the hydrochloride worthy of special mention are the alkalies, such as bicarbonate of sodium and carbonate of ammonium. On the other hand, salts of neutral reaction, such as iodide of potassium or chloride of ammonium may be used in the same mixture, and this also applies to acid salts, such as the hypophosphites or acid phosphates. The vegetable expectorants, as ipecac, senega, squill, and sanguinaria, are entirely compatible with heroin and its hydrochloride. Although many physicians employ heroin without admixture very desirable results have been reported from combinations with iodide of potassium, chloride of ammonium, and the vegetable expectorants, according to the indications present in particular cases A word as to the dosage of heroin and heroin hydrochloride may be of interest here. The large doses at first recommended at the time of the introduction of heroin are no longer preferred by the majority of authors, the average dose ranging from 1-24 to 1-12 grain in adults, and 1-120 to 1-60 grain in children. It is advisable not to employ larger doses until the smaller ones have been given a trial. Furthermore, many physicians now resort to the hypodermatic use of heroin hydrochloride in cases in which it is desirable to obtain an immediate effect, and especially in the treatment of spasmodic conditions, such as asthma, care being taken in the preparation of solutions not to add the drug until the water has partially cooled.